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COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

together with a Survey on the operation
of the Services under Part III of the
National Health Service Act, 1946

for the years

1949 to 1952

and

including the Report of the
CHIEF SANITARY INSPECTOR



ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

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COMMITTEES AT 31st DECEMBER, 1952

RELATED HEALTH SERVICES COMMITTEE

The Mayor (Councillor P. MARTIN, J.P.)

Alderman DAVID PLINSTON, J.P. (Chairman)

Councillor H. HARDMAN (Deputy Chairman)

Alderman JOSEPH POOLE, J.P.

Alderman JOHN SMITH

Councillor Arthur Boyle

Councillor H. G. BRANDWOOD

Councillor HAROLD GRAY, J.P.

Councillor Mrs. MARY HARDMAN

Councillor HARRY GREENWOOD

Councillor ROBERT LEWIS

Councillor JOHN MORRIS, J.P.

Councillor JAMES PHOENIX

Councillor FREDERICK RIGBY

Councillor W. P. TAYLOR

HEALTH COMMITTEE

All the members of the Related Health Services Committee plus the following co-opted members :—

Dr. A. R. BARBER

Dr. C. J. G. BOURHILL

Mr. J. SELWYN JONES

Mrs. J. B. ROBERTSON, J.P.

Mrs. F. M. SADLER

MENTAL HEALTH SUB-COMMITTEE

THE MAYOR

THE CHAIRMAN OF THE HEALTH COMMITTEE

THE DEPUTY CHAIRMAN OF THE HEALTH COMMITTEE

Councillor BRANDWOOD

Councillor GRAY

Councillor GREENWOOD

Councillor RIGBY

Dr. BARBER

NURSING SERVICES SUB-COMMITTEE

THE MAYOR

THE CHAIRMAN OF THE HEALTH COMMITTEE

THE DEPUTY CHAIRMAN OF THE HEALTH COMMITTEE

Alderman POOLE

Alderman SMITH

Councillor GRAY

Councillor GREENWOOD

Councillor Mrs. HARDMAN

Mr. R. P. LUNT

Mrs. K. BOWDEN

Mrs. L. BRANDRETH

Mrs. B. FAIRCLOUGH

Mrs. J. B. ROBERTSON

CARE SUB-COMMITTEE

THE MAYOR

THE CHAIRMAN OF THE HEALTH COMMITTEE

THE DEPUTY CHAIRMAN OF THE HEALTH COMMITTEE

Councillor BOYLE

Councillor BRANDWOOD

Councillor GREENWOOD

Councillor RIGBY

Councillor TAYLOR

Mr. W. HOWARTH

Mr. W. B. MANNION

Mrs. L. MORTIMORE

Mrs. J. B. ROBERTSON

Mrs. C. A. WARBURTON

TOWN CLERK

J. P. ASPDEN, Esq., LL.B.

STAFF AT 31st DECEMBER, 1952

WHOLE-TIME STAFF

Medical Officer of Health : ERIC H. MOORE, B.Sc., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health : STANLEY R. WARREN, M.B., CH.B., D.P.H.

Assistant Medical Officers of Health : Mrs. MARGARET L. TAYLOR, M.B., CH.B., C.P.H.

FRANCIS SIMM, M.R.C.S. (ENG.), L.R.C.P. (LOND.). (Appointed 19/5/52)

Dental Officers : GEORGE J. ELLIS, L.D.S. (V.U. MANCHESTER).
(Appointed 23/9/52).

Mrs. P. LAWTON, L.D.S.

Chief Sanitary Inspector : H. A. RICHARDSON, CERT. S.I.B., CERT. R.S.I.
(Meat and Foods).

Deputy Chief Sanitary Inspector : W. H. MOLYNEAUX, CERT. R.S.I., CERT. R.S.I. (Meat and Foods).

Superintendent of Health Visitors and School Nurses : Miss E. SEMPLE, S.R.N., S.R.F.N., S.C.M. Health Visitor's Cert.

Non-Medical Supervisor of Midwives : Miss M. ADDY, S.R.N., S.C.M., Midwife Teacher's Cert.

Superintendent of Home Nurses : Miss F. E. FREEMAN, S.R.N., S.C.M.

Lay Administrative Assistant : W. ATKINSON, D.P.A., CERT.S.I.B.

Duly Authorised Officers : PERCY HAZELDINE, LEONARD WARE, R.M.P.A.

Mental Health Visitor : Miss D. M. BEXSON, B.A.(ADMIN.). (Appointed 20/10/52)

Domestic Help Organiser : Miss M. M. MCLEAN. (Appointed 14/1/52).

Ambulance Officer : W. H. BELL.

PART-TIME STAFF :

Consultant Obstetrician : Mr. G. W. H. MILLINGTON, M.B., CH.B., M.R.C.O.G.

Consultant Ear, Nose, and Throat Surgeon : Mr. WALTER E. HUNTER, M.A., M.R.C.S., L.R.C.P.

Tuberculosis Officer : ROBERT M. WHITE, M.B., CH.B., D.P.H.

Public Analyst : J. D. SHERRATT, B.Sc., F.R.I.C.

*To the Mayor, Aldermen and Councillors
of the County Borough of Warrington.*

Mr. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report on the Health of the Borough for 1952, which is probably one of the most favourable yet presented to you. The Report has been compiled upon the lines indicated by the Ministry of Health, and includes a special survey of four year's working of the National Health Service Act, 1946 as the Ministry instructed.

The birth rate has further declined from 17.35 in 1951 to 16.63, and the crude death rate fell from 12.07 to 10.59, being notably less than the national average of 11.3.

The marked fall in the still-birth rate is most gratifying, this rate having fallen from 32.68 in 1951 to 23.44 in 1952. The infant mortality rate is again the lowest ever recorded in the town, being 35.26 as compared with 38.10 in 1951. But it must be remembered that the national infant mortality rate is 27.6 and for the County Boroughs and Great Towns 31.2, thus showing that there is still much room for improvement. During 1952 there was an unusual number of live-births of children less than 2-lbs in weight and this has had an effect upon the infant mortality rate. There were no maternal deaths during the year.

There was an increase in the notification of respiratory tuberculosis. The death rate from this form of the disease fell slightly. It is my opinion that there is no real increase in the incidence of tuberculosis in the town, but there is an improved standard of diagnosis in recent years. As the value of early treatment is realised by the public, earlier diagnosis should be possible as a result of advice being sought sooner.

Although there is a steady improvement in the diphtheria immunisation state, too few children are receiving protection in their first year of life. The infant vaccination state continues to be very unsatisfactory.

Construction of the new Ambulance Depot commenced during the year and when completed, this should improve the general standards of the service. Concern is felt about abuses of this service, especially in respect of the carriage of regular out-patients for treatment, and this aspect is under review. The increasing demand for sitting-case transport will soon necessitate an increase in the number of such cars, with a consequent reduction in ambulances. Full co-operation from all parties is essential if abuses and abortive calls are to be checked.

The survey of the National Health Service has been included in the section on Local Health Services. In writing this survey the importance of co-ordination and co-operation within the service was strongly emphasised, and it was most

apparent that the standard of efficiency of the service in any area depends upon the degree of co-ordination and co-operation between all parties using it. It is essential that there should be understanding of each other's problems and difficulties, for a member of any branch of the service cannot live in isolation, but must work with other branches if the full benefit of the Act is to be brought to the patient. I have at all times enjoyed that full co-operation of all branches of the medical profession and they have shown awareness and understanding of our difficulties.

I wish to express my indebtedness to the Chairman and members of the Health Committee for their support and encouragement during the year, and to all officers of the authority, whose co-operation has helped so materially in the carrying out of my duties. The help I have received from medical colleagues in both general and consultant practice has been of inestimable value and to them I wish to convey my thanks. All members of the Health Department Staff have contributed in greater or less degree to the compilation of this report, but I would like to make special mention of the contributions of Mr. H. A. Richardson (Sanitary Inspector's Report) and Mr. W. Atkinson (compilation of the material). I deeply appreciate the efforts of a very loyal staff.

I have the honour to be,

Your obedient servant,

ERIC H. MOORE,

Medical Officer of Health.

GENERAL PUBLIC HEALTH SERVICES

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General Information

Average height above sea-level : 50 feet.

Prevailing winds : West and South-west.

Population :—

Census figure, 1951	...	...	...	...	...	80,681
					1952	1951
Registrar-General's Estimates of Population at June 30th	...	...	...	...	...
					*80,150	*80,180
Estimated Child Population (i.e. under 15 years) at June 30th	...	...	...	...	...
					19,000	19,256
Area of County Borough in acres	...	...	...	...	...	4,532
Number of separate dwellings occupied (1931)	...	...	...	...	...	17,341
Number of families or separate occupiers (1931)	...	...	...	...	...	18,474
Rateable value, at 1st April	...	...	...	...	£448,533	£445,607
Product of a penny rate :—						
1951-52	...	...	...	...	...	£1,798
1952-53	...	...	...	...	...	£1,844

*These figures are "Home population figures" (i.e. they include members of the Armed Forces stationed in Warrington).

Summary of Vital Statistics

					1952	1951
Live Births—						
Legitimate :	Males	...	...	...	649	660
	Females	...	...	...	611	660
					1260	
Illegitimate :	Males	...	...	...	34	40
	Females	...	...	...	39	31
					73	
Totals	...	...	...	...	1,333	1,391
Live Birth Rate per 1,000 Population						
				...	16.63	17.35
Still Births—						
Legitimate :	Males	...	...	...	18	18
	Females	...	...	...	11	23
					29	
Illegitimate :	Males	...	...	...	3	3
	Females	...	...	...	—	3
					3	
Totals	...	...	...	...	32	47
Still-birth Rate per 1,000 population						
				...	0.40	0.59
Still-birth Rate per 1,000 live and still-births						
				...	23.44	32.68
Deaths						
				...	849	968
Death Rate per 1,000 home population						
				...	10.59	12.07
Maternal Deaths						
				...	—	2
Maternal Mortality Rate per 1,000 live and still-births						
				...	0.00	1.39
Infant Mortality (Deaths of infants under one year of age)						
				...	47	53
Legitimate :	Males	...	...	...	21	32
	Females	...	...	...	22	13
					43	
Illegitimate :	Males	...	...	...	2	7
	Females	...	...	...	2	1
					4	
Totals	...	...	...	...	47	53
Infantile Mortality Rate						
				...	35.26	38.10
Neo-Natal Deaths (Deaths of infants in first 28 days of life)						
				...	27	36
Neo-Natal Mortality Rate						
				...	20.26	25.88
Marriages						
				...	780	773
Marriage rate per 1,000 population						
				...	9.7	9.6

Vital Statistics

1933-1952

Year	Per 1,000 Population		Per 1,000 Live Births		Per 1,000 Total (Live and Still) Births	
	Death Rate	Live Birth Rate	Infant Mortality Rate	Neo-Natal Death Rate	Still Birth Rate	Still Births and Infant Deaths
1933	12.4	16.0	73.1	46.2	51.1	117.5
1934	11.6	17.3	74.2	37.1	43.7	114.2
1935	12.0	16.6	64.9	41.0	44.8	105.8
1936	12.5	16.0	90.0	38.5	47.1	133.1
1937	12.5	17.1	82.4	42.3	44.7	123.3
1938	11.2	16.4	72.5	41.3	53.8	122.1
1939	11.2	16.5	53.4	24.0	47.2	97.8
1940	13.9	17.8	65.8	30.0	46.7	108.8
1941	12.6	18.4	87.1	34.3	46.3	128.4
1942	11.9	18.4	70.9	32.2	42.5	109.5
1943	12.3	19.8	76.4	30.5	35.9	109.2
1944	12.3	21.5	62.4	28.3	32.9	92.2
1945	12.0	19.4	73.1	32.6	30.9	101.7
1946	11.7	21.7	57.9	31.4	38.9	93.8
1947	11.8	22.7	85.8	29.5	37.1	119.2
1948	11.2	19.5	46.5	21.0	29.2	73.9
1949	13.4	19.0	80.7	32.0	34.8	113.0
1950	11.9	18.4	38.9	18.4	23.3	61.3
1951	12.07	17.3	38.10	25.9	32.6	69.5
1952	10.59	16.63	35.26	20.26	23.44	57.88

Still births and infant deaths in the five years from 1933 to 1937 totalled together 835. This means that in those five years we lost 835, who, if living today would be between the ages of 16 and 20 years.

The figure for the five years from 1948 to 1952 is 563.

Comparative Statistics, 1952

Statistics for Warrington compared with the average for the 126 County Boroughs and Great Towns, the County of London, and England and Wales.

	Warring- ton	160 County Boroughs and Great Towns (including London)	London Adminis- trative County	England and Wales
	Rates per 1,000 Home Population			
Live Births	16.63	16.9	17.6	15.3
Deaths—				
All Causes	10.59	12.1	12.6	11.3
Tuberculosis	0.22	0.28	0.31	0.24
Whooping Cough	0.00	0.00	0.00	0.00
Pneumonia	0.50	0.52	0.58	0.47
Influenza	0.05	0.04	0.05	0.04
Acute poliomyelitis and polioencephalitis	0.00	0.01	0.01	0.01
	Rates per 1,000 related live births			
Deaths—				
All causes under 1 year of age	35.26	31.2	23.8	27.6
Enteritis and Diarrhoea under 2 years of age	1.50	1.3	0.7	1.1
	Rates per 1,000 Total (Live and Still) Births			
Maternal Deaths—				
All Causes	0.00	Figures not available		0.72
Still Births	23.44	24.6	19.2	22.6

Causes of Death at different Periods of Life in the County Borough of Warrington

	Age Group and Sex																Total all Age Groups	
	Under 1 year		1 to 5 years		5 to 15 years		15 to 25 years		25 to 45 years		45 to 65 years		65 to 75 years		75 years and over			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis : Respiratory ...	—	—	—	—	—	—	2	—	3	2	3	1	3	—	—	—	11	3
Tuberculosis : Other forms ...	—	—	—	1	1	—	1	—	—	—	1	—	—	—	—	—	—	—
Syphilitic Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria : Meningococcal ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infections and parasitic diseases ...	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Malignant neoplasm : Stomach ...	—	—	—	—	—	—	—	—	—	—	6	4	9	—	1	4	19	13
Malignant neoplasm : Lung, bronchus ...	—	—	—	—	—	—	—	—	2	—	16	1	8	—	—	—	27	2
Malignant neoplasm : Breast ...	—	—	—	—	—	—	—	—	—	3	—	2	—	—	—	—	—	8
Malignant neoplasm : uterus ...	—	—	—	—	—	—	—	—	—	1	—	4	—	—	—	—	—	7
Other malignant and Lymphatic neoplasm ...	—	—	—	—	—	—	1	—	—	—	14	13	19	—	14	7	48	14
Leukaemia : Aleukaemia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	6
Vascular lesions of nervous system ...	—	—	—	—	—	1	—	—	1	—	10	19	12	—	—	2	40	50
Coronary Disease : Angina ...	—	—	—	—	—	—	—	—	—	2	26	5	25	—	17	22	73	30
Hypertension with Heart Disease ...	—	—	—	—	—	—	—	—	—	—	3	6	3	—	4	3	10	13
Other Heart Disease ...	—	—	—	—	—	—	—	—	1	5	12	6	12	—	24	36	49	63
Other Circulatory Disease ...	—	—	—	—	—	—	—	—	2	1	4	2	6	—	9	13	21	24
Influenza... ..	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	1	2	2
Pneumonia ...	6	1	—	—	—	—	—	—	—	3	7	3	1	—	7	5	21	19
Bronchitis ...	—	—	—	—	—	—	—	—	3	—	29	6	21	—	10	16	63	28
Other Respiratory Diseases ...	—	—	—	—	—	1	—	—	1	—	—	—	1	—	—	1	5	—
Ulcer of Stomach and Duodenum ...	—	—	—	—	—	—	—	—	2	—	1	—	1	—	1	—	2	3
Gastritis, Enteritis and Diarrhoea ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3
Nephritis and Nephrosis ...	—	—	—	—	—	—	—	—	—	3	2	3	—	—	1	—	4	—
Hyperplasia of prostate... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pregnancy : Childbirth, abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Malformations ...	6	11	1	—	—	—	—	—	—	1	—	—	—	—	—	—	7	12
Other defined and ill-defined Diseases ...	8	8	1	—	—	2	3	—	2	5	8	9	6	—	7	6	34	40
Motor vehicle accidents ...	—	—	1	—	—	1	2	—	2	—	1	—	1	—	—	—	5	1
All other accidents ...	—	2	2	—	1	—	1	—	2	2	3	1	2	—	1	4	12	10
Suicide ...	—	—	—	—	—	—	—	—	—	1	—	3	1	—	1	—	2	5
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ALL CAUSES	23	24	4	3	2	6	10	1	21	30	146	89	134	93	127	136	467	382

PRINCIPAL CAUSES OF DEATH IN ORDER OF FREQUENCY

Out of 849 deaths occurring during the year 726 were attributable to the undermentioned principal causes :—

	No. of Deaths	Percentage of deaths from all Causes
1. Heart Diseases	238	28.0
2. Cancer	148	17.4
3. Bronchitis	91	10.7
4. Vascular lesions of the nervous system	90	10.6
5. Other defined and ill-defined causes	74	8.7
6. Other Circulatory Diseases	45	5.3
7. Pneumonia	40	4.7

UNCERTIFIED DEATHS

One death of a person aged 77 was not certified by a medical practitioner. The cause of death as given by the Registrar was myocardial degeneration and chronic bronchitis.

ROAD DEATHS

Age Groups	1952		Roads Deaths during 1951
	Warrington Residents killed in Borough	Warrington Residents killed outside Borough	
Under 1 year	1	—	—
1 to 5 years	—	—	1
5 to 15 years	—	—	3
15 to 25 years	1	1	3
25 to 45 years	—	—	1
45 to 65 years	1	—	4
65 to 75 years	1	—	2
Over 75 years	1	—	—
TOTALS	5	1	14

INFANT DEATHS (Under 1 year)

1952

Principal certified Causes of Death	Age at Death									Total
	Under 24 hours	Days				Months				
		1- 7	-8 14	15- 21	22- 28	1- 3	3- 6	6- 9	9- 12	
Prematurity	7	7	2	—	—	—	—	—	—	16
Pneumonia	—	2	—	—	—	1	4	—	—	7
Congenital										
Heart Disease	1	—	1	—	—	2	—	1	—	5
Spina Bifida	—	—	—	—	—	2	1	—	—	3
Meningococcal										
Infections	—	—	—	—	—	2	—	—	—	2
Asphyxia	1	—	—	—	—	—	—	—	1	2
Gastro Enteritis	—	—	—	—	—	1	—	—	1	2
Hydrocephalus	1	—	—	—	—	—	—	1	—	2
Acute Encephalitis	—	—	—	—	—	—	—	1	—	1
Anencephalus	1	—	—	—	—	—	—	—	—	1
Atelectasis	—	1	—	—	—	—	—	—	—	1
Intra-cranial	—	1	—	—	—	—	—	—	—	1
Haemorrhage										
Multiple Congenital										
Deformities.....	—	1	—	—	—	1	1	—	—	3
Other Conditions	—	1	—	—	—	—	—	—	—	1
TOTALS	11	13	3	—	—	9	6	3	2	47

INFANT MORTALITY

The table on the previous page shows that 47 children died before reaching the age of one year, producing an infant mortality rate of 35.26 infant deaths per 1,000 live births. This rate shows a reduction from 38.10 in the previous year, and represents by far the lowest rate ever recorded in the town.

More than half the infant deaths occurred in the first seven days of life and, of these, one child weighed at birth, less than 1-lb and five weighed between 1 and 2-lbs. Whilst such children do not inevitably die, their chances of survival in even the most favourable surroundings are small.

The need now is for even greater attention to the ante-natal care of mothers and their realisation of the importance of advice and good nutrition during the period of pregnancy so that still-births and premature births may be reduced.

There is no doubt that the improved paediatric services since 1950 have had a considerable bearing upon the decline of infant mortality. Further progress must depend upon full utilisation of all ante-natal facilities by expectant mothers.

MATERNAL MORTALITY

There were no maternal deaths during the year.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

1952

(Corrected Notifications)

Disease	Age Groups of Cases Notified									Total
	Under 1	1- 2	3- 4	5- 9	10- 14	15- 24	25- 44	45- 64	65 & over	
Scarlet Fever	1	5	21	51	10	1	4	—	—	93
Whooping Cough	10	29	40	44	1	—	—	—	1	125
Measles	37	256	336	256	8	3	—	—	10	906
Pneumonia	4	3	11	3	2	3	6	7	5	44
Dysentery	—	—	—	5	3	—	—	—	—	8
Erysipelas	1	—	—	—	—	—	2	4	1	8
Meningitis	1	1	1	—	—	—	1	—	—	4
Puerperal Pyrexia	—	—	—	—	—	17	15	—	—	32
Ophthalmia Neonatorum...	1	—	—	—	—	—	—	—	—	1
Poliomyelitis	—	—	—	—	—	—	1	—	—	1
TOTALS	55	294	409	359	24	24	29	11	17	1222

Tuberculosis notifications are given in a separate section of the report.

The numbers of the more prevalent diseases notified during the past five years are given in the table below :—

Year	Measles	Whooping Cough	Scarlet Fever	Dysentery	Puerperal Pyrexia
1948	656	97	71	1	20
1949	530	148	206	—	20
1950	1260	255	137	28	9
1951	574	164	70	7	16
1952	906	125	93	8	32

During the year there was no unusual notification of infectious disease. Measles was prevalent in the early part of the year, and again at the end. Towards the end of the year notifications of whooping cough were increasing.

There were no cases of food poisoning drawn to the attention of the Medical Officer.

The increased notifications of Puerperal Pyrexia are to some extent due to the changed definition of this disease and inquiry has shown nothing which might suggest that there is an increase of puerperal infection.

The Medical Officer continues to act as Visiting Medical Officer to the Warrington Isolation Hospital by arrangement between the Local Authority and the Liverpool Regional Hospital Board, an arrangement which has proved most satisfactory, even though the majority of cases admitted to this hospital are from areas outside the Borough.

VENEREAL DISEASES

Venereal diseases clinics all over the country are now required to inform the Medical Officer of Health of the number of patients from his area attending their clinics.

The following figures are therefore compiled from information received from a number of clinics, including those held in Warrington :—

Number of patients resident in Warrington and treated for the first time during the year :—

	1952	1951	1950
Gonorrhoea	31	31	34
Syphilis	6	21	15
Other Conditions	98	88	102

Information is not available in this form for any year before 1949.

SCABIES

The decline in cases of Scabies requiring treatment has continued, as is shown by the following table of cases treated under arrangements made by the local authority during the past four years.

	1952	1951	1950	1949
Adults	7	2	1	18
School Children	11	8	8	37
Under five years	2	4	4	3

TUBERCULOSIS

GENERAL

It will be seen from the table of the Incidence and Death Rates that there has been a further rise in the number of notifications of respiratory tuberculosis. It is gratifying to record that notifications of non-respiratory tuberculosis are the lowest yet recorded in the town. With the almost complete exclusion from the town of non-pasteurised milk, milk-borne tuberculosis infection is virtually absent, and it may be assumed that such non-pulmonary tuberculosis as occurs is due to contact with an open case of pulmonary tuberculosis. This low rate for non-pulmonary tuberculosis is all the more surprising in view of the reservoir of chronic cases for whom no beds in a pulmonary hospital or ward

are available. In my last report, I recorded this problem, and it is hoped by the Regional Hospital Board to make available a double ward for these cases in the latter part of 1953.

No special surveys have been conducted in the town during 1952, but wider use is being made of the chest clinic as a diagnostic centre with the result that more cases are being diagnosed. It is impossible to define how far this increased notification represents an increased incidence and how far it is due to an improved diagnostic service, but it is improbable that there is an increased incidence since it has been pointed out to the Medical Officer of Health that cases generally are relatively advanced when they are admitted to Sanatoria from this town.

It is hoped that a Mass Miniature Radiography Unit may visit the town again soon. Such units are invaluable for examining large numbers of the population and are also of immense propaganda value.

NEW CASES

75 new cases of respiratory tuberculosis were notified from all sources, as compared with 72 in the previous year, and 54 in 1950.

NOTIFIED CASES

	Age groups (in years)											Totals
	Under 1	1- 5	5- 10	10- 15	15- 20	20- 25	25- 35	35- 45	45- 55	55- 65	65 & over	
Respiratory:												
Males	—	1	3	2	2	3	8	3	9	6	4	41
Females	—	—	—	4	4	9	11	2	1	1	2	34
Non- respiratory:												
Males	—	—	1	—	—	—	—	—	—	1	—	2
Females	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	—	1	4	6	6	12	19	5	10	8	6	77

It will be noted that most female cases occur in young adult life, while in the case of males the incidence tends to increase later in life. Such a distribution is common throughout the country.

SUMMARY OF CASES

The number of known cases of tuberculosis at the 31st December, 1952 showed a nett increase of 44 cases in the respiratory group, although there was a nett decrease of 2 in the number of non-respiratory cases.

INSTITUTION TREATMENT

At the end of the year the numbers of Warrington patients known to be receiving treatment in the various institutions were as follows :—

Institution	Respiratory				Non-respiratory			
	Adults		Children		Adults		Children	
	M	F	M	F	M	F	M	F
Hefferston Grange Sanatorium	11	11	—	—	—	—	—	—
Warrington General Hospital	4	1	—	1	—	1	—	—
Winwick Mental Hospital	5	—	—	—	—	—	—	—
Aintree Hospital	1	4	1	1	—	—	—	—
Newsham General Hospital	—	2	—	—	—	—	—	—
Liverpool Hospital Frodsham	—	2	—	—	—	—	—	—
Brockhall Institution	1	—	—	—	—	—	—	—
Robert Jones and Agnes Hunt Orthopaedic Hospital	—	—	—	—	1	—	—	—
Fazackerley Hospital	—	—	—	—	1	—	—	—
Leasowe Hospital	—	—	—	—	—	1	1	1
Papworth Hall	1	—	—	—	—	—	—	—
Rufford Hospital	—	1	—	—	—	—	—	—
Crossley Hospital Frodsham	—	1	—	—	—	—	—	—
Wrightington Hospital	—	—	—	—	1	—	—	—
St. Giles Hospital London	—	—	—	—	—	1	—	—
TOTALS	23	22	1	2	3	3	1	1

DEATHS

There were 14 deaths from respiratory tuberculosis during the year, and four from non-respiratory tuberculosis.

The table of causes of death on page 14 gives the analysis by age and sex of those dying of respiratory and all others forms of tuberculosis.

HOUSING CONDITIONS

Environment plays a major part in the field of tuberculosis. Bad housing conditions, particularly overcrowding, will naturally result in an increased incidence of the disease. The Authority have always given sympathetic consideration to the re-housing of tuberculous lodger families.

TUBERCULOSIS IN YOUNG CHILDREN

The following table gives details of the incidence of, and deaths from tuberculosis, in young children in the age groups under one year, and one to five years, for the past ten years. It will be noted that while there has been a marked improvement in the non-respiratory form, there is virtually no change in respiratory notifications between the two quinquennial periods but there is a reduction of deaths in the under one year group. This indicates that while the incidence of respiratory tuberculosis in young children continues unaltered, care and treatment have improved, resulting in less deaths.

Year	Under 1 year				1 to 5 years				0 to 5 years			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1943.....	—	—	1	1	1	—	7	2	1	—	8	3
1944.....	1	2	—	—	—	—	4	3	1	2	4	3
1945.....	—	—	—	—	—	—	3	1	—	—	3	1
1946.....	1	1	—	—	2	1	6	4	3	2	6	4
1947.....	1	1	3	3	1	—	2	2	2	1	5	5
Total 1943/47	3	4	4	4	4	1	22	12	7	5	26	16
1948.....	1	1	—	—	1	1	3	1	2	2	3	1
1949.....	—	—	—	—	1	—	3	1	1	—	3	1
1950.....	—	—	—	—	1	—	1	—	1	—	1	—
1951.....	—	—	—	1	1	—	3	3	1	—	3	4
1952.....	—	—	—	—	1	—	1	1	1	—	1	1
Total 1948/52	1	1	—	—	5	1	11	6	6	2	11	7

VISITS BY TUBERCULOSIS VISITOR

First visits to new cases	.....	.....	.....	79
Visits to old cases	.....	.....	.....	358
Re-visits to old cases	.....	.....	.....	832
Total visits to patients				1269

CONTACTS VISITED

Contacts with new cases visited for first time.....	265
Contacts with old cases	1021
Total	1286

INCIDENCE AND DEATH RATES PER 1,000 POPULATION

Year	Notifications		Death Rate		
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	All Forms
1933	1.02	0.45	0.76	0.22	0.98
1934	1.06	0.42	0.69	0.15	0.84
1935	1.10	0.39	0.86	0.09	0.95
1936	1.20	0.44	0.87	0.08	0.95
1937	1.30	0.29	0.91	0.04	0.95
1938	1.10	0.35	0.54	0.05	0.59
1939	0.91	0.18	0.72	0.08	0.80
1940	0.87	0.04	0.79	0.07	0.86
1941	0.94	0.19	0.62	0.07	0.69
1942	0.89	0.33	0.71	0.08	0.79
1943	0.92	0.34	0.76	0.15	0.91
1944	1.16	0.25	0.60	0.11	0.71
1945	1.05	0.25	0.64	0.08	0.72
1946	0.76	0.17	0.63	0.09	0.72
1947	0.69	0.10	0.44	0.09	0.53
1948	1.17	0.12	0.58	0.06	0.64
1949	0.75	0.09	0.43	0.04	0.47
1950	0.67	0.09	0.28	0.05	0.33
1951	0.84	0.19	0.27	0.12	0.40
1952	0.93	0.02	0.17	0.05	0.22

National Assistance Act, 1948

Duties under Part III of the National Assistance Act, are carried out by the Welfare Services Department with the exception of Section 47, as amended by Section 1 of the National Assistance (Amendment) Act, 1951.

It has always been felt in this Department that these compulsory powers of removal should only be used as a last resort when all other persuasive methods have been used to no avail. Consequently, although several cases were referred during the year for possible action under Section 47, after investigation compulsory powers of removal were not used.

Notifications of Birth

The table below gives details of all births notified during the year occurring in the home, or in Institutions, and gives the total number of births finally attributable to Warrington after outward transfer of births attributable to other Authorities. This figure of attributable notified births does not necessarily coincide with the number of attributable registered births supplied by the Register-General.

	Domiciliary										Institutional										Totals												
	Live Births					Still Births					Live Births					Still Births					Live Births					Still Births							
	Pre-mature		Mature			Total		Pre-mature			Mature		Total		Pre-mature			Mature		Total		Pre-mature			Mature		Total						
	M	F	M	M	F	M	F	M	M	F	M	F	M	F	M	M	F	M	F	M	M	F	M	F	M	M	F	M	F	M	F	M	F
Births notified as occurring in Warrington	12	18	245	237	257	255		4	2	261	257		61	67	607	529	668	596	21	15	689	611		73	85	852	766	925	851	25	17	950	868
Births occurring outside Warrington attributable to Warrington (Inward transfers)	—	—	1	1	1	1		—	—	1	1		4	4	38	45	42	49	1	—	43	49		4	4	39	46	43	50	1	—	44	50
Total of all births notified	12	18	246	238	258	256		4	2	262	258		65	71	645	574	710	645	22	15	732	660		77	89	891	812	968	901	26	17	994	918
Births occurring in Warrington attributable to other Authorities (Outward Transfers)	—	—	1	1	1	1		—	—	1	1		25	32	245	228	270	260	8	6	278	266		25	32	246	229	271	261	8	6	279	267
Total births attributable to Warrington	12	18	245	237	257	255		4	2	261	257		40	39	400	346	440	385	14	9	454	394		52	57	645	583	697	640	18	11	715	651

Services under the National Health
Service Act.

Annual Report and Survey 1949/52.

Foreword

Throughout this Report, under the heading of each function performed under the National Health Service Act, the survey of the operation of these functions during the four years 1949 to 1952 has first been considered, after which the normal statistics and comments on the working of the services during 1952 follow.

Where it has been possible to reproduce them and where it was felt that useful conclusions could be drawn from them, comparative statistics for the years 1949 to 1952 have been given in the survey of the services.

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Survey of Local Health Services

As directed by the Minister of Health, a survey of the Local Health Services of the County Borough has been prepared in the form recommended by the Minister.

GENERAL

1. *ADMINISTRATION*

The administration of services under Part III of the National Health Service Act is conducted from the Health Department. The day-to-day administration of the various sections of the Act is delegated to the three members of the medical staff by the Medical Officer of Health, who supervises these services and serves to co-ordinate the functions under the various sections of the Act. Much of the non-medical work is delegated to the lay staff under the supervision of a Lay Administrative Assistant.

In such a small authority, the necessarily close contact between the various officers results in quite satisfactory co-ordination of the various services within the Department, including co-ordination with the services under the charge of the Chief Sanitary Inspector. Such difficulties as arise are due to the cramped and overcrowded conditions of the office premises, but this point was considered by the Local Health Authority when they prepared plans for a new clinic and some office accommodation which have been submitted to the Minister (and have now been approved in principle by him). So long as staff are overcrowded, there will be a certain amount of loss of efficiency, but generally speaking, the internal administration has worked very smoothly.

2. *CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE*

Several members of the local Authority Health Committee are also members of the Local Executive Council and of the Hospital Management Committee, as also is the Medical Officer of Health. In this way, a measure of co-operation and co-ordination at Committee level is attained. Close liaison exists between the Secretary of the Hospital Management Committee, the Clerk of the Local Executive Council and the Medical Officer of Health, ensuring a quick and free exchange of information at officer level.

Co-ordination of services with the general practitioners is greatly facilitated through the agency of the local Medical Committee, on which the Medical Officer of Health serves. At this Committee many difficulties have been overcome by free exchange of views, and it is considered that this has contributed greatly to the high degree of co-operation which the Health Department has received from general practitioners.

Liaison with the hospital consultants is facilitated by the Medical Officer of Health serving on the Medical Advisory Board of the Hospital Management Committee, resulting in close contact with many of the consultants.

The Assistant Medical Officer responsible for the services dealing with mothers and young children, and midwifery, maintains close contact with the Consultant Paediatrician through the agency of an appointment as Honorary Clinical Assistant in the Paediatric Department. This has only recently been effected and should develop close harmony between the hospital treatment clinics and the maternity and child welfare clinics of the Local Health Authority.

Health visitors pay weekly visits to the maternity wards in order to make contact with mothers of newly-born children to facilitate their subsequent contacts when the mothers return home. The Health visitors also attend Paediatric Outpatient Clinics.

The midwifery service retains its contact with the hospitals through the agency of the Part II Training School—pupil midwives carry out three months' district training with Local Health Authority midwives and the remaining three months in the hospital. Much of their instruction is given by the Non-medical Supervisor of Midwives and the District Midwives. Such an arrangement inevitably results in close contact between the Local Authority services and the hospitals.

Home Nurses maintain liaison with the hospital service mainly through the agency of the Hospital Almoner, who calls on their services to care for patients recently discharged as required.

The arrangements as laid down should provide that full degree of co-operation envisaged in the National Health Service Act, but in practice, there is room for greater co-ordination of the three branches of the service. This aspect is being explored locally at present with a view to overcoming many of the difficulties, most of which are administrative in nature. Responsibility within the National Health Service is so spread between many different individuals that it is difficult to co-ordinate services at officer level.

General practitioners are informed either by letter or through the agency of the Local Medical Committee of all developments or changes in the Local Health Authority's services, and the necessary information is imparted to the public both by the practitioners and by the very great co-operation of the local press. In addition, a guide to the local Health Services was issued early in 1952, and had a very wide distribution.

3. *JOINT USE OF STAFF*

No doctors in general practice have been employed by the Authority on a part-time or sessional basis. The Medical Officer of Health is Visiting Medical Officer to the Warrington Isolation Hospital, for which hospital he assumes clinical responsibility. A Consultant of the Regional Hospital Board is employed by the Authority for a Consultant Ear, Nose and Throat Clinic, and for one session of a combined Ante-natal and Post-natal Clinic, to which session is referred all cases requiring post-natal examination, and any ante-natal cases booked for domiciliary confinement by a midwife where specialist opinion is considered necessary.

In addition the Authority has established a Child Guidance Clinic, which is, of course, predominantly under the School Medical Service, in which a Psychiatrist of the Regional Hospital Board is employed.

4. *VOLUNTARY ORGANISATION*

Until July, 1951, the Warrington District Nursing Association carried out the duties of Home Nursing under the Authority's proposals. Since that time the service has been taken over entirely by the local Health Authority.

Apart from this, no agency arrangement exists with voluntary organisations, but close co-operation is maintained with many of the local bodies in order to secure facilities which are not readily available under the National Health Service Act.

SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

SURVEY

ANTE-NATAL and POST-NATAL SERVICES

The ante-natal and post-natal clinic is held in very restricted premises, designed and formerly used as a tuberculosis dispensary. The use by tuberculous patients was discontinued before the appointed day, since when the premises have been used entirely for Local Authority clinics (Minor Ailments, Ear, Nose and Throat, Vaccination and Immunisation, Ante-Natal and Post-Natal).

The premises are quite inadequate for the purpose for which they are used, and have resulted in a rather curtailed service.

These clinics are staffed by an Assistant Medical Officer of Health and Municipal Midwives, with assistance from the Non-medical Supervisor of Midwives, who advises midwives, instructs pupils, and gives health teaching and general instructions to waiting expectant mothers. Health teaching cannot be properly carried out as the waiting room is very small, and even with the best possible organising soon becomes crowded. An appointments system is in use for the Ante-Natal Clinic.

At the ante-natal clinic, full examination and ante-natal care are given to all patients who have booked only a domiciliary midwife. Cases booked by private doctors may attend if the doctor chooses to refer them.

Every patient for domiciliary confinement attending the clinic receives a blood test for Rhesus factor and Kahn test, and haemoglobin estimation, and in special circumstances may be supplied with iron, calcium or vitamin supplements.

Details of blood tests carried out during the four years are as follows :

	1949	1950	1951	1952
Rhesus factor and Kahn tests	972	889	957	638
Wasserman tests.....	5	7	13	13
Ascheim tests	—	5	7	4

Two routine ante-natal sessions are held per week, and when occasion demands, a third one also is held. In addition, there is one post-natal clinic per week attended by a Consultant Obstetrician, payment for his services being made by the Local Health Authority on a sessional basis. To this clinic are referred post-natal cases for examination and any ante-natal cases on which a consultant opinion is required. A further duty carried out by the Local Authority ante-natal clinic is the booking of beds at the General Hospital and Maternity Home, not only from the Borough, but also from the adjoining areas of Lancashire and Cheshire. Patients are given priority for admission to hospital on medical grounds and on account of urgent social need. In the case of Lancashire and Cheshire patients, reports on the social circumstances are obtained from the appropriate Divisional Medical Officers. This system was in operation before the appointed day, and by agreement with the Regional Hospital Board has continued unchanged.

So far as is practicable every effort is made to ensure that the urgent social cases secure admission to hospital, and to date the system has worked satisfactorily.

The service is deficient in that it provides insufficient mothercraft teaching, and this cannot be overcome until satisfactory premises can be made available. Plans have been submitted for improved clinic accommodation, and have now been approved in principle.

Maternity outfits are supplied free of charge to all expectant mothers who have made arrangements for their confinement at home under the National Health Service Act. The outfits are supplied either at the ante-natal clinic or at the Health Department upon production of the appropriate certificate, signed by the doctor or midwife concerned.

Comparative statistics for the last four years relating to the ante-natal and post-natal clinic are as follows :—

	1949	1950	1951	1952
Number of expectant mothers attending	1654	1600	1679	1487
Number who had not previously attended any clinic during current pregnancy	1532	1475	1550	1363
Total number of attendances made	3161	3287	3653	2535

The figures in the above table include attendances made by out-of-Borough patients who attended principally in connection with the booking of hospital beds. Some out-of-Borough patients also attended for ante-natal care. The marked decline in 1952 was solely due to the exclusion from the ante-natal clinic of doctors' booked cases, except when specially referred by the general practitioner.

A flying squad is available from the hospital services in case of need in any domiciliary confinement. The staff and equipment are provided by the hospital authorities, and transport is arranged by the Ambulance Service.

CARE OF PREMATURE INFANTS

Premature babies are still visited by the Non-medical Supervisor of Midwives in addition to the midwife, and advice on feeding and general care is given.

The equipment provided is as follows—hot water bottles, Belcroy feeders, breast pumps, and clothing—and these are immediately made available to the midwife attending a case.

It is intended, and the proposals have been modified accordingly, to appoint a nurse with special training and experience in the care of premature infants to attend such cases in their homes and to co-operate with the Consultant Paediatrician of the hospital service in this work.

In view of the special qualities required for this work no suitable candidate has yet been found for the appointment, but efforts are being continued to secure such a premature baby nurse, who will be responsible for the care of the mother and premature baby.

CHILD WELFARE

In accordance with the proposals, five afternoon sessions per week are held in each of the five infant welfare centres, and in addition one morning session is provided at one of the centres. All the centres are in hired premises, such as Church Halls, and some of them are quite unsuitable for the purpose. Alternative accommodation has been sought in certain cases, but in view of the congested nature of the area and the shortage of suitable premises, it has not been possible to improve conditions.

The centres are staffed by Assistant Medical Officers of Health, together with Health Visitors. At the centres there is provision for infant weighing and for advice on the care of the child by a doctor and a nurse. These centres are also used as a means of furthering individual health education, and for vaccination and immunisation propaganda, immunisation being offered and carried out at the centres. Appointments are made for smallpox vaccination which is performed at the Health Department Clinic.

Priority infant foods and vitamin preparations are sold at the centres, and facilities are available to the Ministry of Food for the distribution of cod liver oil and the sale of orange juice and National Dried Milk.

No consultant clinics are held by the Local Authority, nor are general practitioners employed, but close liaison is maintained with the paediatric service at the General Hospital. Arrangements are in force for the reference of children from the infant welfare centres to the Consultant Paediatrician at the General Hospital.

Comparative statistics for the four years are given in the table below :

Year	No. of sessions held per month	No. of children who attended during year	First attendance of children aged		Medical Consultations		Total Attendances of children	
			Under 1 year	1-5 years	Under 1 year	1-5 years	Under 1 year	1-5 years
1949	24	1697	902	91	3599	690	13374	4108
1950	24	1877	953	64	3763	611	11654	2229
1951	24	1708	793	99	3465	720	10284	2387
1952	24	1685	792	102	2574	502	9817	2181

It will be noticed that although the number of children who attended has been reasonably constant there has been a decline in the number of attendances between 1949 and 1950. This is occasioned by the assessment of what constitutes an attendance. Since 1950 a child must be weighed, or advice on the child must otherwise be sought in order to constitute an attendance. A visit merely to buy food does not, since 1950, constitute an attendance. The reduced number of medical consultations during 1952 was solely due to a staff deficiency of one Assistant Medical Officer from January to May.

DENTAL CARE

Dental care of young children has been undertaken at the school dental clinic throughout the last four years. These children are referred from the infant welfare centres and are treated by the school dental officers.

Owing to the extremely unsatisfactory nature of the dental clinic accommodation and its lack of facilities it was impossible to treat expectant and nursing mothers there, and arrangements were in force with the hospital authorities whereby the Senior Dental Officer carried out treatment on expectant and nursing mothers at a special session at the hospital dental clinic, using his own materials and equipment.

SENIOR DENTAL OFFICER'S REPORT

The small number of patients treated in 1952 was due to shortage of dental staff, but the steady decline in the numbers of expectant and nursing mothers examined and treated from 1949 to 1951 was due to the fact that convenient arrangements were impossible, examinations being conducted under difficult conditions in the School Dental Clinic where no adult dental chair is available, and treatment was carried out at the General Hospital. This service was therefore most inconvenient to expectant and nursing mothers, and no improvement can be effected until adequate dental clinic accommodation is available.

The tables below give details of inspections made and treatment carried out, with information as to the type of treatment.

	Year	Examined	Needing Treatment	Treated	Made Fit
Expectant and Nursing Mothers	1949	795	467	181	74
	1950	356	204	125	106
	1951	213	162	105	105
	1952	48	39	39	26
Children under 5	1949	283	114	75	75
	1950	245	223	223	223
	1951	207	169	135	135
	1952	19	19	19	19

	Year	Ex-trac-tions	Anaesthe-tics		Fill-ings	Scale &c.	Silver Ni-trate treat-ment	Dress-ings	X-Rays	Dentures	
			Local	Gen'l						Full	Part
Expectant and Nursing Mothers	1949	256	122	2	47	23	—	3	1	—	1
	1950	214	90	6	30	36	—	6	1	4	2
	1951	117	82	8	23	10	—	6	—	6	1
	1952	77	5	16	20	5	4	—	—	—	2
Children under 5	1949	81	—	75	—	—	—	1	—	—	—
	1950	286	—	195	3	—	3	4	—	—	—
	1951	210	—	130	4	—	2	2	—	—	—
	1952	34	—	19	2	—	—	1	—	—	—

DAY NURSERIES

Four day nurseries are in operation in the town under the Local Health Authority, providing a total of 205 places, 62 of which are for the use of children under two years of age. For all the nurseries there is still a waiting list for admission. Priority of admission is given to social cases where admission of the child will help in solving the family problems. The remaining places are occupied by the children of working mothers.

Special attention is given to securing admission of illegitimate children where it is essential that the mother must go out to work in order to maintain herself and her child.

Comparative statistics are given below for the four years showing the average daily attendance under the age groups under 2 years and 2 to 5 years.

Year	Number of approved places		Number of children on register at end of year		Number of new applications during the year	Number of children admitted during the year	Average daily attendances	
	0—2	2—5	0—2	2—5			0—2	2—5
1949	62	140	48	153	341	272	48	119
1950	62	143	63	158	430	243	43	120
1951	62	143	61	163	418	236	46.5	124.4
1952	62	143	65	158	387	255	48.9	122.8

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

Where home circumstances are such that it is desirable that the unmarried expectant mother must be found alternative accommodation, arrangements are made with the Home of the Good Samaritan operated by the Diocesan Moral Welfare Council. On occasions, admission is arranged to Homes in Liverpool, Wigan and Blackburn.

The outside work in connection with these cases is carried out by the Superintendent of the Home of the Good Samaritan, who is specially trained in moral welfare work. Close liaison is maintained with this Home and St. Joseph's Hostel for the welfare of unmarried mothers and their babies. Special attention is paid to the follow-up of the children after birth to ensure that they are adequately cared for. All investigations into home circumstances and follow-up of children are carried out by Health Visitors. The numbers of visits paid during the past three years are given below :

	Under 1 year	Over 1 year
1950	79	92
1951	118	103
1952	182	133

ANNUAL REPORT

GENERAL

Every effort was made during the year to implement the Local Health Authority's proposals made under the Act, but difficulties were met owing to shortages of professional staff and inadequate accommodation.

The post of Assistant Medical Officer rendered vacant in September 1951 was not filled until the following May.

The health visiting staff, although still well below the establishment laid down in the proposals was a considerable improvement on the previous year, although it is still not possible to carry out all the work which must be considered essential.

One Assistant Medical Officer attended a short, but welcome post-graduate period on paediatrics at Alder Hey Children's Hospital, Liverpool, in September, 1952.

ANTE-NATAL AND POST-NATAL SERVICES

Under the Local Health Authority there is one Ante-Natal Clinic at which three sessions are held weekly. The Medical Officer gives individual advice to the mother, but group teaching is virtually impossible owing to the unsatisfactory nature of the premises. All expectant mothers are encouraged to attend the clinic, and by arrangement with the Regional Hospital Board the allocation of maternity beds in the Warrington General Hospital and Warrington Maternity Home is arranged, following attendance at this clinic. Priority for hospital confinements is given to cases of medical abnormality and to expectant mothers living under difficult social circumstances. The clinic is staffed by an Assistant Medical Officer of Health, the Non-Medical Supervisor of Midwives and by Municipal Midwives. The continued shortage of health visitors has not allowed of the attendance of a health visitor at the clinics.

An appointments system is in use which has reduced congestion at the clinic, caused less delay to patients, and has allowed the medical staff to work more efficiently. One weekly session is staffed by an obstetric consultant of the Regional Hospital Board and difficult cases are referred to him for advice. The consultant carries out all post-natal examinations.

Attendances at the Local Health Authority's ante-natal clinic during the year were as follows :—

Number of expectant mothers attending	1487
Number who had not previously attended any clinic during current pregnancy	1363
Total number of attendances made	2535

These figures include a large number of patients who attended once only and who are then booked for hospital confinement and are referred to hospital ante-natal clinics, and they also include patients from Lancashire and Cheshire County Councils.

The fall in the number of attendances during the year (2535 compared with 3653 during 1951) is due to the fact that doctors' booked cases no longer attend the ante-natal clinic unless specially referred by the doctor.

One post-natal session is held each week at the same time as an ante-natal clinic with a consultant obsetetrician in attendance. Mothers confined at home are encouraged to attend this clinic for a post-natal examination about six weeks after confinement. During the year 56 women attended as compared with 121 in 1951. It should not be forgotten that patients who have booked a doctor should receive their post-natal examination from him.

CARE OF PREMATURE INFANTS

During 1952, 30 premature infants were born at home to Warrington mothers compared with 24 in 1951. The following table gives details of their subsequent progress.

The total number of premature infants born in the area during 1952 was 109 compared with 100 born during 1951.

PREMATURE INFANTS BORN AT HOME TO WARRINGTON MOTHERS

Weight at Birth	Nursed entirely at home					Tran- sfer- red to hosp- ital	Grand Total
	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Sur- vived 28 days	Total		
Under 2-lbs. 3-oz.	—	—	—	1	1	—	1
Over 2-lbs. 3-oz. up to and including 3-lbs. 4-oz.	—	—	—	—	—	—	—
Over 3-lbs. 4-oz. up to and including 4-lbs. 6-oz.	1	—	—	2	3	2	5
Over 4-lbs. 6-oz. up to and including 4-lbs. 15-oz.	—	1	—	4	5	—	5
Over 4-lbs. 15-oz. up to and including 5-lbs. 8oz.	—	—	—	15	15	4	19
TOTALS	1	1	—	22	24	6	30

As the following table shows, 24 premature infants died during 1952. This means that 22.4 per cent of the 109 premature infants born during the year died within a year. Only 3.1 per cent. of full-term babies died before reaching the age of one year. This clearly indicates the enormous additional risk incurred by the premature baby. Until this risk can be reduced by better

ante-natal care, and especially by better use of ante-natal facilities, we cannot be complacent.

DEATHS OF PREMATURE INFANTS

Principal certified cause of death	Under 24 hours	Days				Months				Total
		1- 7	8- 14	15- 21	22- 28	1- 3	3- 6	6- 9	9- 12	
Prematurity	8	5	2	—	—	—	—	—	—	15
Pneumonia	—	2	—	—	—	—	—	—	—	2
Atelectasis.....	—	1	—	—	—	—	—	—	—	1
Intra-cranial Haemorrhage	—	1	—	—	—	—	—	—	—	1
Congenital Defects	3	1	—	—	—	—	—	1	—	5
TOTALS ...	11	10	2	—	—	—	—	1	—	24

CHILD WELFARE

GENERAL

One afternoon session per week is held in each of the five Infant Welfare Centres, and in addition, one morning session is held at the Bewsey Centre.

It has not yet been possible to find suitable accommodation to provide an Infant Welfare Centre for the Orford and Longford areas of the town.

The distribution of the centres over the town requires consideration for re-allocation to different areas but, unfortunately, premises suitable for holding Infant Welfare Centres are not in existence in those parts of the town where housing development is taking place.

With the present establishment it is impossible to increase the number of Infant Welfare Centre sessions per week, nor should it be necessary in a town the size of Warrington, but it is appreciated that re-distribution is required in order to spread the services evenly over the whole area.

The Infant Welfare Centre work is carried out by the medical staff of the Authority and Health Visitors, assisted by clinic nurses who help with such items as weighing the babies.

Proprietary infant foods and vitamin preparations are sold at the clinics, and facilities are afforded to the Ministry of Food for the distribution of cod liver oil and the sale of orange juice, and national dried milk.

Details of attendances at the Centres are as follows :—

Name of Centre	No. of sessions held per month	No. of children who attended during year	First attendances of children aged		Medical Consultations		Total attendances of children	
			Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.
Thewlis St. ...	4	193	106	16	279	36	1117	163
Bewsey	8	470	190	28	619	149	2788	589
Ashton Hall ...	4	561	283	29	929	146	3211	765
Wash Lane ...	4	178	75	9	244	33	1070	284
Lindley Ave.	4	283	138	20	503	138	1631	380
TOTALS ...	24	1685	792	102	2574	502	9817	2181

During the first five months of the year, owing to shortage of medical staff, it was not possible to make arrangements for a medical officer to be in attendance at each Child Welfare Centre session, and this is shown by a fall in the number of medical consultations from 4185 in 1951 to 3076 in 1952.

DEFECTS REFERRED FOR TREATMENT

99 Children examined at the Infant Welfare Centres by the Medical Officer were found to have defects requiring attention. The defects requiring attention were as follows :—

Torticollis	3	Phimosis	15
Skin Defects	4	Naevus	2
Hernia	8	Palate	2
Eyes	18	Speech	2
Feet and Legs	17	Loss of Weight,	
Ear, Nose & Throat ...	5	Debility, etc.	6
Chest	2	Miscellaneous.....	8
Digestive	7		

DENTAL CARE

In the year under review, it was impossible to carry out to any extent this service since there was only one dental officer until September, due to the resignation of the Senior Dental Officer. In September the vacancy was filled, but due to the arrears of work it was not immediately possible to carry out much of the work required on expectant and nursing mothers. This work has been carried out privately in some cases by dentists under the National Health Service. There is great need for expansion of the dental service, but this cannot be done until adequate dental clinic accommodation is available, plans for which have already been submitted to the Ministry of Health for consideration.

SENIOR DENTAL OFFICER'S REPORT

With regard to the figures of inspection and treatment carried out, treatment was only resumed after a lapse of ten months—figures are, therefore, only

available for November and December, during which period treatment of both expectant and nursing mothers and of children under five was carried out at the School Dental Clinic. Owing to a deterioration in the state of the surgery floor, discovered at the end of the year, it will not be possible to continue treatment of expectant and nursing mothers in the School Dental Clinic until the surgery floor has been strengthened to take an adult dental chair. Inspection only, therefore, will be carried out in the School Dental Clinic, and treatment will be given at the Warrington General Hospital Dental Clinic by arrangement.

	Examined	Needing Treatment	Treated	Made Fit
Expectant and Nursing Mothers	48	39	39	26
Children under 5	19	19	19	19

	Ex-trac-tions	Anaesthe-tics		Fill-ings	Scale &c.	Silver Ni-trate treat-ment	Dress-ings	X-Rays	Dentures	
		Local	Gen'l						Full	Part
Expectant Mothers	77	5	16	20	5	4	—	—	—	2
Children under 5	34	—	19	2	—	—	1	—	—	—

DAY NURSERIES

The four day nurseries continued to operate during the year, providing a total of 205 places, 62 of which are for use by children under 2 years of age.

There is still a waiting list of children requiring places, but this figure has been steadily falling.

During the year under review the Authority resolved to cease undertaking training of students for the National Nursery Examination Board's Certificate, and no more students are being enrolled, but those already on the staff are completing their training. During 1952 one nursery ceased to be a training nursery.

The Authority found it necessary during the year, owing to increasing costs, to increase the charge made for children's meals from 1/6d. to 2/- per day.

DAY NURSERY STATISTICS

1. ADMISSIONS

Day Nursery	Number of new applications for admission			Number of Children admitted		
	Short term Cases	Social Cases	Other Cases	Short term Cases	Social Cases	Other Cases
Haryngton Avenue	11	10	71	10	8	53
Gough Avenue ...	14	10	90	6	7	61
Orford Lane	14	17	73	10	15	31
Richmond Avenue	7	8	62	9	8	37

2. ATTENDANCES MADE AT DAY NURSERIES (MONDAY TO FRIDAY)

Day Nursery	No. of attendances			No. of days open
	0—2 years	2—5 years	0—5 years	
Richmond Ave. ...	3186	7376	10562	256
Haryngton Ave. ...	3160	7421	10581	256
Orford Lane	2990	8205	11195	256
Gough Ave.	3210	8438	11648	256
All Nurseries	12546	31440	43986	256

In addition, the four day Nurseries were open on Saturday mornings, although the numbers of children attending are small. During the year there were the undermentioned attendances on Saturday mornings.

	0—2 years	2—5 years	0—5 years
Richmond Avenue	45	19	64
Haryngton Avenue	71	21	92
Orford Lane	74	227	301
Gough Avenue.....	35	147	182
TOTAL	225	414	639

The table below gives the number of approved places in the two age groups at each Day Nursery, and the average daily attendances during the year. Saturday openings have, for obvious reasons, been disregarded in the calculation of the average daily attendances.

Day Nursery	0 to 2 years		2 to 5 years		0 to 5 years	
	No. of approved places	Average daily attendance	No. of approved places	Average daily attendance	No. of approved places	Average daily attendance
Richmond Ave. ...	20	12.45	35	28.81	55	41.26
Haryngton Ave. ...	14	12.34	36	28.99	50	41.33
Orford Lane	14	11.68	36	32.05	50	43.73
Gough Ave.	14	12.54	36	32.96	50	45.50
All Nurseries	62	48.98	143	122.81	205	171.79

There is one private nursery in the town registered under the Nurseries and Child Minders Regulation Act, 1948.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

Fourteen such cases were admitted to various homes during 1952 as compared with 7 in 1951. Close co-operation is maintained between the various homes to which the mothers are admitted and the Authority, in order to secure follow-up of the infants.

Included in the figure of visits paid by the Health Visitors during 1952 are 182 visits to illegitimate children under one year, and 133 to those over one year old.

Priority in the allocation of nursery accommodation is still given to the children of unmarried mothers who go out to work.

SECTION 23. MIDWIFERY

SURVEY

This service is supervised by an Assistant Medical Officer of Health, and the day to day organisation and supervision is carried out by the Non-medical Supervisor of Midwives.

The establishment of ten municipal midwives has proved more than adequate for the demands on the service, and full establishment was not reached until the early part of 1952. Owing to a retirement, the number of domiciliary midwives at the end of that year employed by the Local Authority was nine, and this number is considered adequate for the needs of the area.

During 1950 and 1951 there was considerable difficulty in recruiting midwives, but the position now appears to be easier.

In three instances the authority has provided houses in suitable positions, and these are occupied by practising municipal midwives.

The Non-medical Supervisor of Midwives pays frequent visits to the houses of the midwives to examine records, and also visits them while attending cases in the district. This latter function is carried out largely while instructing pupil midwives as detailed below.

Very little domiciliary midwifery is carried out in the area by midwives in private practice, but such midwives who do practice privately are visited by the Non-medical Supervisor of Midwives in the same way as the municipally-employed staff.

For practical purposes the town has been divided into three areas with three midwives attached to each area, and one midwife in reserve.

In each area, the midwives are responsible for seeing that one of their number is always available to cover periods of off duty, and so far as possible, these area teams carry out minor day to day administration. In cases of difficulty, reference is made to the Non-medical Supervisor, who sees all midwives at least once a week in her office.

Every effort is made to ensure the fullest possible co-operation between municipal midwives and general practitioners undertaking maternity medical services, but midwives do not attend the private ante-natal clinics held by general practitioners. It would not be practicable for midwives to attend such clinics since general practitioners have patients scattered all over the town, and there can be no guarantee that the patient would be seen by the midwife who would be conducting her confinement.

So far as is practicable every effort is made to ensure that the midwife who is to deliver a patient conducts all the ante-natal care.

When a doctor has been booked for the case midwives conduct ante-natal examinations either in the patient's home or at the midwife's own house, but every effort is made to have patients who have not booked a doctor referred to the Local Health Authority Ante-natal Clinic at which midwives attend. Doctors' booked cases can also be seen at this clinic, but only when they have been referred by the practitioner concerned.

The booking of hospital beds is carried out at the Local Health Authority Ante-natal Clinic, and patients are selected for confinement in hospital either on medical or social grounds. To determine the allocation of beds to social cases, all homes are visited and reported upon with regard to their suitability for the conduct of confinement by the midwife in whose area the patient lives. If the patient resides outside the borough the case is referred to the appropriate Medical Officer of Health for a similar report.

It is found that the available beds are fully occupied by medical cases and those requiring beds on social grounds.

Part II training of pupil midwives is carried out in conjunction with the Warrington General Hospital. The pupil midwives spend three months on the district attached to teacher midwives in the municipal employ. Their practical work is supervised by the teacher midwife and by the Non-medical Supervisor of Midwives, who also delivers lectures to the pupils. Lectures are also given by the medical staff of the Health Department.

Municipal Midwives are sent on refresher courses every five years.

All municipal midwives are trained in the use of gas and air analgesia and in the administration of pethidine. Gas and air apparatus is available to all patients attended by municipal midwives.

Midwives normally are supplied with bicycles to travel round the area, but in emergency, at night or in inclement weather, they are authorised to call upon the ambulance service to transport them.

The following tables give comparative details for the four years of domiciliary confinements and the administration of analgesia :

1. DOMICILIARY CONFINEMENTS

Year	Municipal Midwives		Institutional Midwives		Independent Midwives		All Midwives		TOTAL CASES
	As mid-wife	As maternity nurse	As mid-wife	As maternity nurse	As mid-wife	As maternity nurse	As mid-wife	As maternity nurse	
1949	342	144	—	—	149	30	485	174	659
1950	270	183	12	—	127	53	409	236	645
1951	239	260	—	—	33	35	272	295	567
1952	135	352	—	—	6	25	141	377	518

2. ADMINISTRATION OF ANALGESICS

Year	When acting as Midwife		When acting as Maternity Nurse		Total Administrations
	Gas and Air	Pethidine	Gas and Air	Pethidine	
1949	259	—	96	—	355
1950	214	—	143	—	357
1951	166	66	212	96	530
1952	100	49	250	137	536

The fall in the numbers of domiciliary confinements is accounted for by a falling birth rate and increasing numbers of confinements in hospital. As the table shows there has been a steady increase in the demands made on the General Practitioner Obstetric Service.

It is interesting to note from Table II, a welcome relaxing of the conservative attitude on the part of the public to the administration of analgesics. Expectant mothers who are to be confined at home are now aware of the fact that they may have analgesia during childbirth and more are willing to avail themselves of the opportunity. This is but one aspect of the growing awareness by the public of the services available under the Act.

ANNUAL REPORT

MIDWIVES PRACTISING AT 31st DECEMBER, 1952

Midwives in hospitals vested in the Minister of Health ...	15
Midwives in private practice	2
Midwives employed by the Local Health Authority.....	9
Non-Medical Supervisor of Midwives	1

At the commencement of the year the staff consisted of seven wholetime midwives ; by the end of the year there were nine.

During the year a measure of re-organisation of the service was effected by dividing the town into three midwifery areas, in each of which three midwives operate. The midwives in each area provide relief for periods of off-duty sickness or holidays. In cases of emergency where relief is impossible with the area team, this is arranged by the Non-medical Supervisor of Midwives, who also sees all the midwives once a week at the department.

MATERNITY CASES ATTENDED

There were 518 domiciliary confinements reported and 1,392 institutional confinements during the year.

Midwives employed by the Authority attended 487 cases and midwives in private practice attended 31.

The details are as follows :—

DOMICILIARY CONFINEMENTS

	As Midwives	As Maternity Nurses	TOTAL
Municipal Midwives ...	135	352	487
Institutional Midwives ...	—	—	—
Independent Midwives...	6	25	31
TOTALS	141	377	518

MEDICAL AID

Medical aid was summoned by midwives in 89 domiciliary cases, including 36 cases where the medical practioner had arranged to provide the patient with maternity medical services under the National Health Service Act. The Authority is liable for the payment of the practitioners' fees in the other 53 cases.

ANALGESIA

All the municipal midwives are qualified to administer analgesia, both gas and air and pethidine, in accordance with the rules of the Central Midwives Board. Each municipal midwife is supplied with a gas and air machine for her sole use, and in addition a spare machine is held centrally to replace any machine held by a midwife, which is temporarily out of commission.

Pethidine is issued by an Assistant Medical Officer to each midwife.

The table below gives details of analgesics administered to Warrington mothers confined at home during the year, by municipal midwives :—

	When acting as a midwife	When acting as a maternity nurse	TOTAL
Gas and Air	100	250	350
Pethidine	49	137	186

PUERPERAL PYREXIA.

Thirty-two cases of puerperal pyrexia were notified : 28 were hospital cases and four cases occurred in domiciliary practice.

OPHTHALMIA NEONATORUM.

One case of ophthalmia neonatorum which occurred in domiciliary practice was notified during the year. Vision was unimpaired.

MATERNITY OUTFITS.

A free issue of maternity outfits is made in accordance with Ministry of Health instructions, namely, to those patients whose confinement will be conducted under the National Health Service arrangement. 537 such outfits were issued during the year.

VISITS PAID BY MUNICIPAL MIDWIVES.

	For Ante- natal care	During Puerper- ium period	After 14th day (for post-natal care)	To Pupil's Cases	For Other Reasons	TOTAL
As Midwife ...	170	2077	230	738	113	3328
As Maternity Nurse	2352	3850	380	1480	99	8089
Emergency Visits	44	7	—	—	71	122
TOTALS ...	2566	5934	538	2218	282	11539

VISITS DURING PUERPERIUM.

During the year under review the arrangement whereby midwives paid visits to patients delivered by them for one month after confinement to supervise the progress of the infant were continued owing to the shortage of health visitors. This system has again proved very satisfactory, as it allows more adequate use to be made of the limited time of health visitors.

MIDWIFERY TRAINING.

The Non-medical Supervisor of Midwives holds the Midwife Teachers Certificate and four Municipal Midwives are approved as district teachers for Part II Training for the Central Midwives Board Certificate.

The pupil midwives are attached to the Warrington General Hospital which is an approved Training School.

POST-GRADUATE COURSES.

One midwife attended a post-graduate course during the year.

SECTION 24. HEALTH VISITING

SURVEY

The establishment of health visitors comprises one superintendent, two whole-time health visitors and fourteen part-time health visitor/school nurses, the equivalent of seven whole-time health visitors.

It has not yet been possible to recruit staff to complete the establishment, and the staff employed at the 31st December, 1952, was 10, or the equivalent of five whole-time Health Visitors, excluding the Superintendent Health Visitor.

For the last three years the authority has been operating a student training scheme whereby student health visitors are recruited and arrangements made with another authority for their training, during which period they receive three-quarters of the minimum of a normal Health Visitor's salary on condition that they remain two years with the authority subsequent to qualification.

Five Health Visitors have qualified under this scheme, and there is at present one student Health Visitor in training.

All Health Visitors attend refresher courses at least once every five years.

The Health Visitors have mainly concentrated on the care of young children owing to shortage of staff and the relatively high infant mortality rate which this town suffered until 1950. They also undertake social and health functions in relation to the whole family so far as their time will permit, and this is very often combined with their infant welfare work or visiting as school nurses. Recently they have been engaged in investigations into infant morbidity and the causation of cancer.

The Health Visitors attend at various paediatric clinics in the hospitals, and also pay visits to the maternity wards, but it has not yet been possible to link up the health visiting services with the work of the local general medical practitioners, except in the case of certain families. Health Visitors are encouraged to contact practitioners in cases where such consultation is desirable.

Until such time as more Health Visitors can be appointed many aspects of the prevention of illness cannot receive the attention they require.

The table below gives comparative details of the staff position during the four years, from which it will be seen that a slow but steady improvement has been effected, principally due to the continuation, with the approval of the Minister, of the Health Visitor Training Scheme.

Staff employed at 31st December	1949	1950	1951	1952
Superintendent of Health Visitors ...	1	1	1	1
Full-time Health Visitors	1	1	nil	1
Performing combined duties of Health Visitor and School Nurse...	4	4	7	8
Clinic Nurses	3	3	2	1
Equivalent of whole-time Health Visitors	3½	3½	4	5½

ANNUAL REPORT

STAFF.

At 1st January, 1952 the staff consisted of:—

- 1 Superintendent Health Visitor.
- 3 Clinic Nurses.
- 6 Health Visitors/School Nurses.
- 1 Part-time Health Visitor.

Resignations

- 2 Clinic Nurses.
- 1 Part-time Health Visitor.

Appointments

3 Health Visitors/School Nurses were appointed on qualifying under the Training Scheme.

Staff at 31st December, 1952

- 1 Superintendent Health Visitor.
- 8 Health Visitors/School Nurses.
- 1 Whole-time Health Visitor.
- 1 Clinic Nurse.

This shows a deficiency of one full-time Health Visitor and six Health Visitors/School Nurses on the basis of the proposed staff approved by the Minister of Health. Clinic nurses are not included in the proposals.

TRAINING OF HEALTH VISITORS.

Of the four student Health Visitors who were appointed under the Authority's scheme in 1951 three were successful in their examination and returned to Warrington as qualified Health Visitors at the beginning of June. The remaining student, after failing her examination at the second attempt resigned her post as student Health Visitor.

In May this year one student Health Visitor was appointed, who commenced the full-time course of training at the College of Technology, Manchester, at the end of September.

It is expected that she will return to Warrington, at the beginning of June, 1953, as a qualified Health Visitor.

HEALTH VISITORS' DUTIES.

It was hoped that the number of Health Visitors would be increased so that the extension of duties as contemplated in the proposals would be possible. However, the staff position, although improved, was insufficient to carry out all the duties outlined in the proposals, and the Health Visitors continued to concentrate on visits to infants and young children.

Throughout the year a Health Visitor has attended the paediatric clinic at the General Hospital. This ensures a close follow-up visit to the home by the Health visitor, who is able to give the mother further advice on the care of her baby.

SUMMARY OF WORK OF HEALTH VISITORS.

	First Visits	Other Visits	TOTAL
Infants under one year	1272	7272	8544
Children 1 to 5 years	13	11669	11682
Expectant Mothers	298	86	384
Infectious Diseases visits	455	—	455
Visits to old people	5	12	17
After-care visits	5	7	12
Special visits	218	—	218
TOTALS	2266	19046	21312

SECTION 25. HOME NURSING

SURVEY

Until July, 1951, the Home Nursing Service was carried out by the Warrington District Nursing Association on an agency basis. In the early part of 1951 a mutual arrangement was reached between the Nursing Association and the Local Health Authority, by which the Local Health Authority agreed to take over the service from the 1st July, and from that date it has been operated directly by the Local Health Authority, using the premises and staff formerly employed by the Nursing Association. The property was transferred to the ownership of the Local Health Authority without charge.

The service is based upon the Nurses' Home, which acts as the resident and administrative accommodation for the Home Nursing Service.

The service is supervised by a Superintendent and Deputy Superintendent, and the staff consists partly of whole-time nurses, some of whom are Queen's Nurses, and other State Registered Nurses without Queen's training, and partly of a variable number of part-time staff.

Part-time staff have been employed owing to difficulties in recruiting whole-time staff, and it is intended to dispense with this form of service as soon as whole-time staff can be engaged. There is no doubt that increasing difficulty is being experienced in recruiting nursing staff who are willing to live in the Nurses' Home.

The Home Nurses carry out domiciliary visits as required and give an evening service but no night nursing service. The transport provided by the authority consists of bicycles, which are quite suitable having regard to the compact nature of the area.

During 1952 a system by which fit cases attend for injections at the Nurses' Home was inaugurated and has resulted in a considerable reduction in the number of domiciliary visits paid by the nursing staff for this purpose.

Co-operation with general practitioners in this service is excellent, and the basis of operation has not been altered since the service was taken over by the Local Health Authority, thus maintaining the excellent liaison which always existed between the Nursing Association and the general practitioners.

Hospitals requiring the services of a Home Nurse for discharged patients contact the service through the Almoner, and all requests received from the hospital service have been complied with.

Refresher Courses for nursing staff are being arranged on the same basis as for midwifery and health visiting, it being the policy of the authority to send all members of the Home Nursing Service staff for a refresher course about once every five years.

Until September 1952, the service was approved for District Nursing Training under the Queen's Institute, but in conformity with the general policy of the Institute, and by agreement with this Authority the training recognition was withdrawn as it was considered that training should be concentrated in larger Homes, and it had not been possible to recruit any students in the Warrington Key Training Home for three years. It is intended to make arrangements with other authorities for the training of district nurses.

The numbers of cases attended by the Home Nurses during the four years are as follows :—

Year	Number of Cases under treatment at 1st January	Number of New Cases treated	Number of Cases under treatment at 31st December
1949	159	1145	223
1950	223	1440	213
1951	213	1344	240
1952	240	1277	217

The table below gives details of the visits paid to the various types of case during the four years.

Type of Case	1949	1950	1951	1952
General Medical and Surgical Cases	46499	44831	44139	(34694 GM (9485 Surg.
Pneumonia	369	393	937	544
Tuberculosis	156	205	608	707
Post-natal	94	67	15	76
Post-Operation	3	—	—	—
Casual	160	201	177	273
TOTALS	47281	45697	45876	45779

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STAFF.

At 1st January, 1952, the staff consisted of :

- 1 Superintendent of the Key Training Home.
- 1 Assistant Superintendent of the Key Training Home.
- 8 Whole-time Home Nurses.
- 2 Part-time Home Nurses.

Resignations

- 3 Part-time Home Nurses.

Appointments

- 1 Whole-time Home Nurse.
- 5 Part-time Home Nurses.

At 31st December, 1952, the staff consisted of :

- 1 Superintendent of the Home Nursing Service.
- 1 Deputy Superintendent of the Home Nursing Service.
- 9 Whole-time Home Nurses.
- 4 Part-time Home Nurses.

During the year, the Warrington Nurses' Home ceased to be a training home, and consequent upon this change the posts of Superintendent and Assistant Superintendent of the District Nurses' Training Home were respectively redesignated Superintendent and Deputy Superintendent of the Home Nursing Service.

The service continued to be under staffed throughout the year, although some relief was given to the staff by the institution of a clinic at the Nurses' Home where fit patients attend for routine injections. As will be seen, by the end of the year, although constant efforts were made to recruit staff the position was only slightly changed, there being on the staff the equivalent of eleven whole-time nurses compared with nine at the beginning of the year.

Meetings of all public health nursing staff which were instituted in May, 1952, and which are held at quarterly intervals have helped to some extent to improve the measure of co-operation between this, and other departmental services.

A summary of the work done during the year is given below.:

Number of cases under treatment on 1st January, 1952 ...	240
Number of new cases treated during the year	1227
Number of cases remaining on books	217

Visits Paid

To general medical cases	34694
To general surgical cases	9485
To cases of pneumonia	544
To cases of tuberculosis	707
To post-natal cases	76
To casual cases	273
	<hr/>
TOTAL	45779
	<hr/>

SECTION 26. VACCINATION AND IMMUNISATION

SURVEY

As will be seen from the tables that follow, both the vaccination and diphtheria immunisation state of the child population of the area leaves much to be desired. With the termination of compulsory vaccination by the National Health Service Act, there was an immediate fall in the number of vaccinations performed—185 in the period from 5th July, 1948 to 31st December, 1948, compared with 354 carried out by Public Vaccinators during the first half of 1948. As will be seen from the comparative tables on page 27 this serious reduction continued during 1949, but since 1949 the position has slightly improved. The table also reveals that since 1949 there has been a noticeable increase in the numbers vaccinated and re-vaccinated by general medical practitioners. There is no doubt, however, that there has been a marked and continued fall in the numbers of infant vaccinations since 1948. There has been a marked increase in adult vaccination for overseas travel.

Diphtheria immunisation has maintained a fairly steady level, although as has been the case with vaccination, there has been a noticeable increase since 1949 in the numbers of children given primary immunisation by general medical practitioners. It is noteworthy that reinforcement injections by the Local Health Authority's medical staff have shown a considerable increase over the four years, due to school immunisation schemes introduced in 1947.

Propaganda is mainly carried out by general practitioners in their surgeries and by Local Health Authority Medical Officers in their clinics, but special campaigns are conducted at suitable times. In these campaigns, newspaper and cinema publicity is used and circulars are distributed. Some general practitioners are now holding special children's surgeries, and this should result in an increase in vaccination and immunisation.

Booster injections of diphtheria prophylactic are given at school medical inspections to both the entrant and to intermediate groups. The numbers of such injections given by general medical practitioners are not encouraging.

Immunisation against whooping cough has been carried out since 1950, where desired by parents, and so far as practicable this is commenced at 5 to 6 months. There has been a noticeable increase in the numbers inoculated against whooping cough since 1950.

IMMUNISATION AGAINST DIPHTHERIA

Year	Performed by Local Health Authority		Performed by Private Practitioners		TOTAL	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1949	921	—	123	—	1044	310
1950	700	789	147	31	847	820
1951	819	849	203	42	1022	891
1952	841	1118	212	40	1053	1158

WHOOPING COUGH INOCULATION

Year of Birth	Number of children inoculated during		
	1950	1951	1952
1940	1	—	—
1941	1	—	—
1942	1	2	—
1943	—	1	—
1944	2	1	—
1945	3	1	—
1946	4	3	—
1947	7	5	3
1948	14	11	4
1949	105	55	7
1950	24	353	43
1951	—	30	333
1952	—	—	61
TOTALS	162	462	451

	1950	1951	1952
Performed by Local Health Authority	101	345	344
Performed by Private Practitioners	61	117	107
TOTALS	162	462	451

VACCINATION AGAINST SMALLPOX

Age at date of Vaccination	1949		1950		1951		1952	
	Primary	Re-vaccination	Primary	Re-vaccination	Primary	Re-vaccination	Primary	Re-vaccination
Under 1 year	177	2	374	3	384	2	330	9
1	{ 137	3	52	2	25	2	23	1
2		2	32	5	22	4	11	5
5		76	37	126	27	13	13	9
15	37				33	104	76	75
Totals	359	83	495	136	491	125	453	99

	1949		1950		1951		1952	
	Pri- mary	Re- vaccin- ation	Pri- mary	Re- vaccin- ation	Pri- mary	Re- vaccin- ation	Pri- mary	Re- vaccin- ation
Performed by Local Health Authority	195	32	204	64	193	43	139	11
Performed by Private Practitioners ...	164	51	291	72	298	82	314	88

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DIPHTHERIA IMMUNISATION

Immunisation is carried out at the Infant Welfare Centres, and at schools, and also by general practitioners by arrangement with the Authority.

The table given on page 58 gives an analysis by ages of the children immunised. This shows some improvement in the number of children protected during the year. 1053 primary diphtheria immunisations were carried out as compared with 1022 last year, and the number given protection in the first year of life was the highest yet recorded, although it is far from satisfactory.

It should be borne in mind that there is at the present time, remarkably little diphtheria occurring in the country, but if there is any public complacency leading to lack of protection by immunisation, there is no doubt that diphtheria will once again become the common and fatal disease which it was over ten years ago.

During September and October a Diphtheria Immunisation Publicity Campaign was conducted. Slides, supplied by the Central Office of Information were shown on cinema screens in the town, posters were displayed in practitioners' surgeries and in pharmacists' shops with the co-operation of the Local Executive Council, and publicity bookmarks were distributed at public libraries. In addition, propaganda leaflets were distributed at the ante-natal clinic and at infant welfare centres, and intensive word-of-mouth publicity was given to the importance of diphtheria immunisation by the medical and nursing staff.

The table below gives details of the numbers of primary and secondary immunisations carried out during the year by the Local Health Authority medical staff, and by private practitioners :—

	Performed by		Totals
	Local Health Authority	Private Practitioners	
Primary	841	212	1053
Secondary	1118	40	1158

WHOOPING COUGH INOCULATION.

Inoculations have been given at Infant Welfare Centres and vaccine has been supplied by the Authority to general practitioners wishing to carry out the inoculation.

451 inoculations were completed during the year, the age distributions being given in the following table :—

PRIMARY INOCULATIONS

Year of birth	Number of children inoculated
1940	—
1941	—
1942	—
1943	—
1944	—
1945	—
1946	—
1947	3
1948	4
1949	7
1950	43
1951	333
1952	61
TOTAL ...	451

Performed by Local Health Authority	344
Performed by Private Practitioners	107
TOTAL	451

SMALLPOX VACCINATION.

Despite the occurrence of smallpox in several areas of the country in recent years in a severe form, there is still public apathy regarding vaccination.

It is regrettable to have to report that only 330 children under one year of age were vaccinated—in other words, approximately one in four, and the total number of persons vaccinated and re-vaccinated was less than in 1951.

In my previous reports I have stressed the importance of vaccination in infancy because of the negligible risk, but appeals made to the public have produced virtually no response.

The numbers vaccinated in 1952 are given below :—

	Age at date of vaccination					
	Under 1	1	2-4	5-14	15 or over	Total
Number vaccinated	330	23	11	13	76	453
Number re-vaccinated ...	9	1	5	9	75	99

VACCINATIONS

	Performed by	
	Local Health Authority	Private Practitioners
Vaccinations	139	314
Re-vaccinations ...	11	88

DIPHTHERIA IMMUNISATION.
TABLE SHOWING NUMBERS OF CHILDREN IMMUNISED IN AGE GROUPS.

Year of Birth	Year of Primary Immunisation										Number of children in each age group immunised at any time up to 31st December, 1952		Number of children given reinforcing injection in 1952			
	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951		1952		
1952	—	—	—	—	—	—	—	—	—	—	—	—	93	93	Under 1 yr.	2
1951	—	—	—	—	—	—	—	—	—	—	—	44	513	557	1—2 yrs.	—
1950	—	—	—	—	—	—	—	—	—	—	47	534	98	679	2—3 yrs.	—
1949	—	—	—	—	—	—	—	—	—	35	464	163	45	707	3—4 yrs.	2
1948	—	—	—	—	—	—	—	—	23	525	104	39	24	715	4—5 yrs.	9
1947	—	—	—	—	—	—	—	15	611	153	34	23	79	2751	Total under 5 yrs.	
1946	—	—	—	—	—	—	17	480	180	96	35	65	147	915	5—6 yrs.	134
1945	—	—	—	—	—	2	476	84	44	94	39	102	16	1020	6—7 yrs.	355
1944	—	—	—	—	20	444	112	30	50	81	69	30	3	857	7—8 yrs.	56
1943	—	—	—	112	675	178	30	17	72	26	19	10	2	839	8—9 yrs.	19
1942	—	—	81	434	174	88	14	3	151	3	2	—	12	1141	9—10 yrs.	4
1941	—	29	829	154	166	35	23	218	136	4	—	3	14	962	10—11 yrs.	350
1940	12	448	563	111	148	72	39	246	109	3	14	6	7	1611	11—12 yrs.	213
1939	183	132	301	83	109	86	16	139	72	2	15	3	—	1778	12—13 yrs.	12
1938	54	73	241	469	67	42	9	5	56	5	5	—	—	1141	13—14 yrs.	—
														1026	14—15 yrs.	—
Born before 1938	544	1066	1611	1074	285	85	13	—	64	17	—	—	—	11290	Total 5 to 15 yrs. or over	2
Annual Total	793	1748	3626	2437	1644	1032	749	1237	1568	1044	847	1022	1053	4759	TOTAL ...	1158
														18800	Total No. of Children who completed a full Course of Immunisation since 1940	
				Registrar General estimated Child Population ...												
				0—4 years											Percentage immunised	— 42.3
				5—14 years											"	— 90.3
				0—14 years											"	— 73.9

SECTION 27. AMBULANCE SERVICE

SURVEY

The ambulance service has worked under considerable difficulties due to lack of depot accommodation, but a new depot is in course of construction, and should be completed early in 1953. This should result in better maintenance of the vehicles and a more efficient service. At the present time the vehicles must stand out of doors at all times in all weathers, resulting in considerable deterioration, and in times of bad weather, maintenance becomes virtually impossible.

Work done by the service has consistently increased since 1948, and there is a very heavy demand for the transport of out-patients to hospitals, especially in connection with physiotherapy treatment at orthopaedic departments.

It was found desirable to increase the fleet of ambulances from 5 to 6 during the year, not because 5 ambulances were insufficient to cope with the service, but because it was impossible to lay a vehicle off the road for maintenance and repair. This increase of strength will allow of systematic maintenance.

All demands for the use of ambulances or sitting-case cars are supported by a certificate signed by a doctor or nurse requesting it and certifying that the patient is unfit to travel by public transport. General practitioners and hospital medical staff have co-operated to the full and made every effort to ensure the economical use of the service, but there is little doubt that abuses are occurring, especially amongst patients who pay regular visits to out-patient departments. Too often it is discovered that patients are transported to hospital by ambulance and later in the day go out on foot and do their own shopping. It is, of course, very difficult to assess, in border line cases whether a patient is, or is not fit, to travel by public transport, and obviously in any case of doubt the patient is provided with an ambulance.

Increases in bus fares undoubtedly provide an added incentive to patients to urge their need for ambulance transport.

In the following pages will be found a table of comparative statistics for the four years, and graphs showing (a) relative increases in monthly calls and increases in vehicles and personnel, (b) the apportionment of annual mileage between ambulances and sitting-case cars, and (c) the patient load on ambulances and sitting-case cars.

As the table of comparative statistics for the four years shows there has been a continued fall in the number of miles performed by ambulances and a corresponding increase in the number of miles performed by sitting-case cars.

Undoubtedly the rise in the mileage of the sitting-case cars has been due, particularly during the last two years, to a marked and continued rise in demands on the service for patients who are attending the out-patient departments of hospitals in the Warrington group.

The figures of mileage of sitting-case cars do not tell the whole story. If we assume that a true normal ambulance case is one which will require carrying into the ambulance by stretcher and carrying out of the ambulance by stretcher, leaving all others as normal sitting-cases, then a large proportion of the mileage being performed by ambulances should also, strictly speaking, come under the heading of sitting-case car mileage.

In this Authority there is no doubt that in order that economical use of transport may be obtained in coping with the large demands made on the service for routine collection and transportation of patients for the out-patients departments of the hospitals, ambulances have had to be used regularly, since the two sitting-case cars could not in themselves cope with the demands. In other words, although the original idea of the use of an ambulance was, generally speaking, for cases which would require the use of a stretcher, being principally in the emergency category, this is no longer true today.

It would definitely appear that the policy of this Authority's Ambulance Service in future should be to provide on the vehicle establishment for an increased rise in the number of patients carried who are of the "sitting-type." At present the vehicle establishment comprises six ambulances and two sitting-case cars, and there is now established the need for at least three sitting-case cars, or two sitting-case cars and a dual-purpose type vehicle, with a possibility in the next few years of a second dual-purpose type vehicle.

It should be borne in mind that only slowly over the last four years has the vehicle establishment reached that outlined in the proposals, since some are old vehicles and essential replacements of other old vehicles have had to be made. Consequently it cannot be said that full use has been made at any time of all ambulances on the establishment.

Since some of the vehicles are old and their mileage per gallon is consequently low, this increases, if they are constantly used, the overall cost per mile of the service. For obvious reasons, therefore, more frequent use has been made of vehicles with a better mileage performance.

The journeys performed for other authorities are, of course, principally under the agency arrangements with the Lancashire and Cheshire County Councils. The demands for sitting-case cars under these agency arrangements have been reasonably constant. The overall increase in these calls is, therefore, confined to the Warrington area.

There is no doubt that the problem of the use of the ambulance service for routine attendance of patients at hospital out-patient departments is difficult of solution—indeed it is probably the most difficult of all problems of administration of the service.

The problem is all the more urgently in need of solution in view of the fact that it is in this sphere that almost all the abortive calls arise which the Authority is urgently striving to eliminate. The rising cost of operation of the service due principally to increased wages and increases in the cost of fuel, can, to some extent, be offset by improved administration and consequent internal economy, but only when the gap between established need and public demand is considerably reduced will the growing costs be checked.

It is interesting to show the improvement in administration of the service over the four years by studying the average number of patients per journey over the period, as shown in the table below :—

Average number of patients per ambulance journeys	1949	1950	1951	1952
	1.08	1.25	1.41	1.86
Average number of patients per sitting-case car journey	0.99	1.00	1.00	1.60

There is no doubt that the appointment of an Ambulance Officer during 1951, who is able to make decisions on the spot, and to assume a degree of administrative responsibility has had considerable bearing on the improved average number of patients per journey.

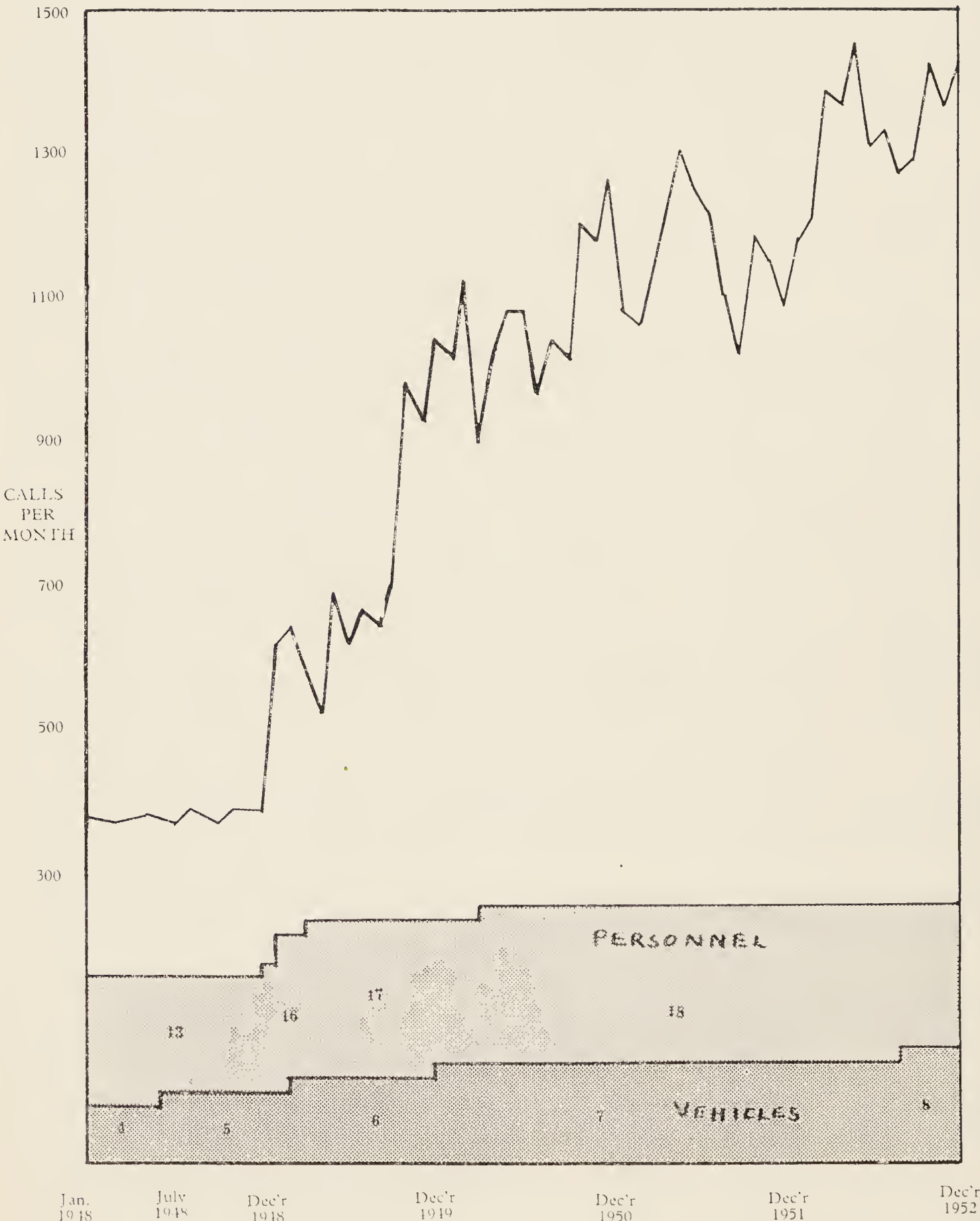
COMPARATIVE STATISTICS.
1949 to 1952.

Year	Authorities for whom journeys undertaken	No. of Journeys			No. of patients carried			No. of Emergency Calls		Distance run : Miles		
		Amb.	Car	Total	Amb.	Car	Total	Amb.	Car	Amb.	Car	Total
1949	Warrington	5149	833	5982	5536	842	6378	687	—	35060	9254	44314
	Other Authorities ...	1963	444	2407	2197	432	2629	247	—	19839	4630	24469
	TOTAL	7112	1277	8389	7733	1274	9007	934	—	54899	13884	68783
1950	Warrington	7491	2582	10073	10010	2618	12628	927	30	41066	18939	60005
	Other Authorities ...	2014	575	2589	2031	569	2600	282	8	20190	7706	27896
	TOTAL	9505	3157	12662	12041	3187	15228	1209	38	61256	26645	87901
1951	Warrington	7490	4434	11924	11286	4472	15758	972	78	39001	27344	66345
	Other Authorities ...	1370	466	1836	1369	452	1821	253	13	13295	5451	18746
	TOTAL	8860	4900	13760	12655	4924	17579	1225	91	52296	32795	85091
1952	Warrington	5708	3855	9563	11704	6433	18137	880	93	35826	34731	70557
	Other Authorities ...	1351	505	1856	1436	573	2009	269	21	13149	5718	18867
	TOTAL	7059	4360	11419	13140	7006	20146	1149	114	48975	40449	89424

RELATIVE INCREASES IN MONTHLY CALLS

VEHICLES AND PERSONNEL

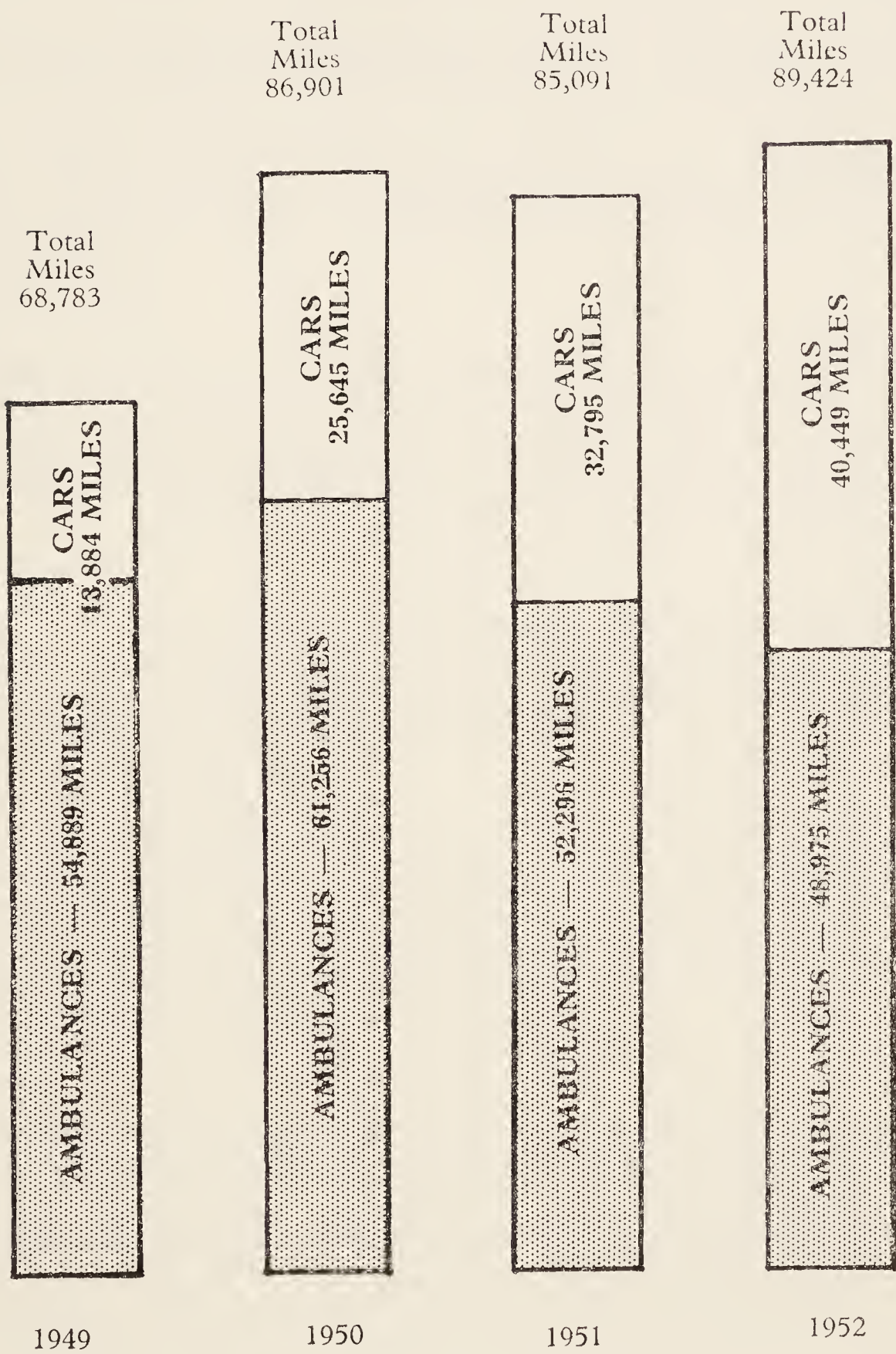
JANUARY 1948 TO DECEMBER 1952



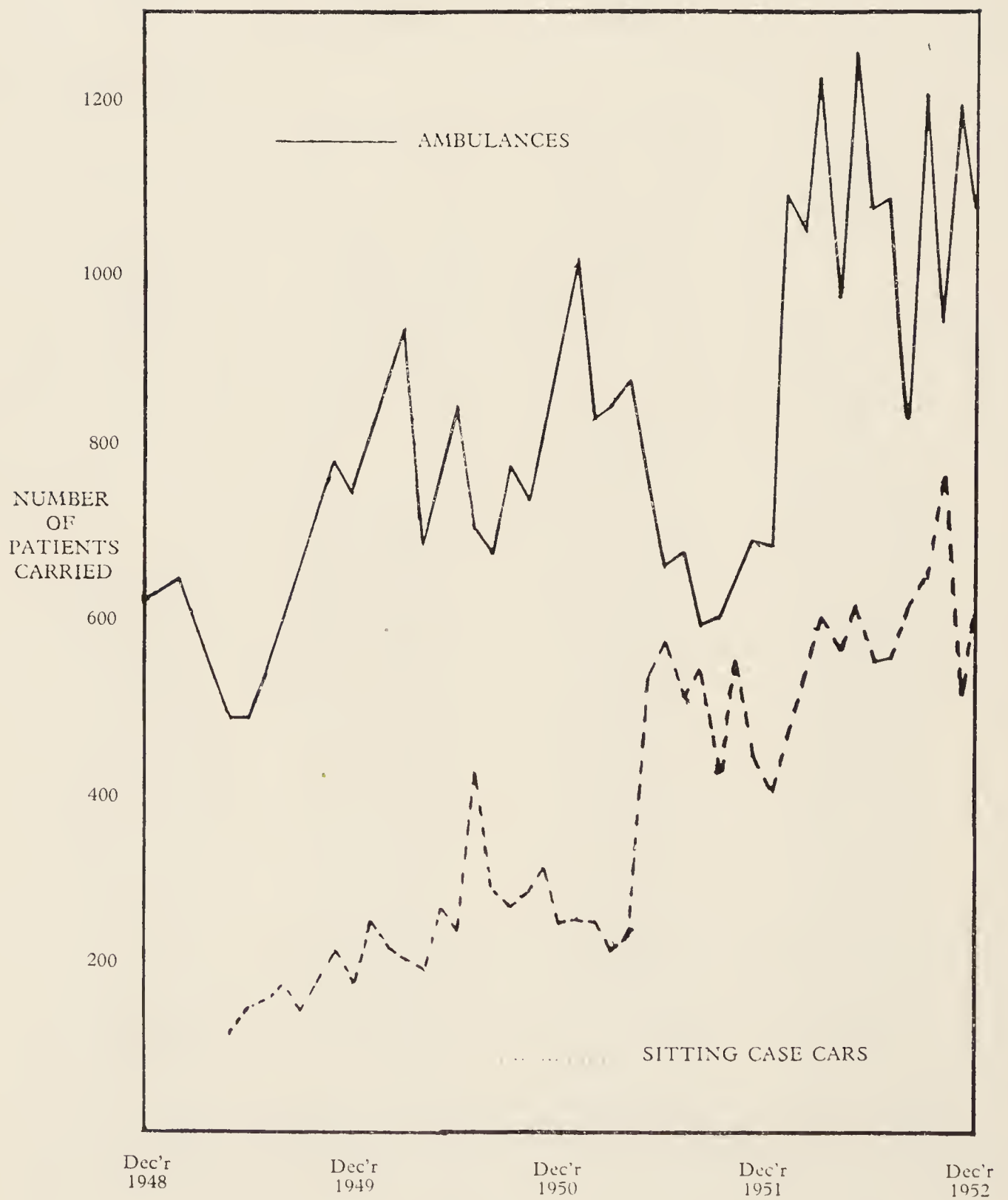
MILEAGE PERFORMED BY THE SERVICE

DURING THE YEARS

1949, 1950, 1951 AND 1952



PATIENTS CARRIED
BY
AMBULANCES AND SITTING CASE CARS
1949 TO 1952



SECTION 27. AMBULANCE SERVICE

ANNUAL REPORT

AREA.

There has been no change during the year in the area served, the service of the Authority providing a complete cover for the County Borough and for the contiguous parts of Lancashire and Cheshire.

JOURNEYS.

As will be seen from the tables on page 66 the total mileage performed during the year was 89,424 compared with 85,091 during 1951, thus showing an increase of 4,333 miles. Although the number of journeys decreased by 2,341, 2,567 more patients were carried than in 1951. This shows that the peak load on the ambulance service had not been reached by the end of 1951.

The increase of 4,333 in mileage was principally accounted for by the continued rise in the number of Borough sitting-car cases. This increase is accounted for by the continued increase in the numbers of patients transported to Out-patient departments of the Warrington Group Hospitals on medical recommendation.

VEHICLES

During the year under review the Minister approved an increase in the vehicle establishment of one ambulance which was purchased at the end of the year. The fleet now comprises six ambulances and two sitting-case cars. The increased establishment was to allow for a vehicle being laid off the road for routine maintenance or for repairs due to accident or breakdown.

MAINTENANCE.

During the year the Corporation Transport Department carried out certain routine maintenance and inspection, and also performed much of the repair work. The co-operation of this department has enabled repairs and maintenance to be carried out in a minimum of time.

GARAGE ACCOMMODATION

My previous reports have stressed the importance of early provision of garage accommodation, and the new Ambulance Depot, it is hoped, will be completed early in 1953. This will enable a better system of routine maintenance to be introduced and will lengthen the life of vehicles by providing adequate and satisfactory garage accommodation, the lack of which has been a serious handicap to the Service.

PERSONNEL

There has been no increase in the staff. The staff of driver/attendants is the full establishment laid down in the proposals for operating the service of the County Borough, but as in the case of the vehicles, they are providing a service for a much greater area and population. As a result, minimum numbers are on duty at night and week-ends and this has, on occasions, produced difficulties particularly when long journeys are required at these periods, as for example, when patients cannot be admitted to a Warrington hospital and must go to hospitals in other towns.

Many calls are answered by one driver/attendant with no other assistance. It is considered that an increase in the number of personnel will be required unless it is possible to overcome the demand for long distance calls during the hours of short staffing and the ever-increasing demand for out-patient transport.

During the year the Authority arranged for a syllabus of post-entry training for Ambulance Driver/Attendants as recommended by the Minister in Circular No. 30/1951. All personnel had completed by the end of the year the major part of the syllabus, and have benefited considerably from it.

RAILWAY TRANSPORT

No cases have been carried by rail during the year.

AMBULANCE SERVICE—1952

	No. of Journeys	No. of patients carried	No. of Emergency calls	Distance Run: Miles
Warrington : Ambulance	5708	11704	880	35826
Car	3855	6433	93	34731
Lancashire : Ambulance	604	643	131	5483
Car	464	533	5	5149
Cheshire : Ambulance	736	783	137	7484
Car	39	38	16	516
Other : Ambulance	11	10	1	182
Car	2	2	—	53
TOTALS : Ambulance	7059	13140	1149	48975
Car	4360	7006	114	40449
GRAND TOTALS	11419	20146	1263	89424

MONTHLY SUMMARY

Month	No. of calls		No. of patients		No. of Emergencies Ambulance only	Distance	
	Ambulance	Car	Ambulance	Car		Ambulance	Car
Jan.	739	450	1097	467	104	4557	3176
Feb.....	690	517	1046	532	99	4146	3378
March	830	569	1219	600	97	4739	3305
April ...	563	310	978	561	99	4094	3442
May ...	608	328	1300	615	95	4556	3370
June.....	515	275	1073	548	86	3913	3254
July	533	300	1087	552	80	3899	3935
August...	465	334	830	618	100	3539	3332
Sept. ...	485	327	1202	647	93	3575	3231
Oct. ...	488	381	1039	758	82	3741	3444
Nov. ...	561	250	1194	507	99	4224	3333
Dec.....	582	319	1075	601	115	3992	3249
TOTALS	7059	4360	13140	7006	1149	48975	40449

Average distance per journey 7.8 miles.

SECTION 28.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE SURVEY.

TUBERCULOSIS.

Every case of tuberculosis notified or discovered is visited by a special tuberculosis visitor, who advises the household on their welfare and the services which are available to them, and also arranges for the follow-up of contacts.

The Housing Committee gives special consideration to tuberculous patients who are already on the housing list for some priority for allocation of new houses. This arrangement does not fully meet the needs of the community in that only lodger families are on the housing list, and if a tenant of an unsatisfactory house or an overcrowded house is so unfortunate as to contract tuberculosis no consideration is given to the allocation of a Corporation house unless an exchange can be affected. This is possible in a very small number of cases, and there is no help available in regard to the housing of the majority.

The Local Health Authority have arranged with the Regional Hospital Board for the part-time services of the medical staff of their Chest Clinic to carry out domiciliary prevention, care and after-care work in the homes, and by this means a measure of co-ordination of the prevention and treatment services is maintained. In addition the tuberculosis visitor attends all tuberculosis clinic sessions.

Difficulty is experienced in the segregation of old chronic cases of tuberculosis due to lack of hospital beds for this purpose, resulting in reservoirs of infection remaining in the community with no control. The Regional Hospital Board have considered the problem and arrangements will be made in 1953 for allocation of beds for such cases.

The degree of co-operation is as good as can be expected in any service where three medical departments have interests and responsibilities. It is obviously very difficult to ensure full co-ordination if three doctors are involved—the general practitioner, the chest physician and the medical officer of health.

Articles such as paper handkerchiefs, sputum flasks, etc. are issued to any patients in need of them, as are also articles of nursing equipment if so required. B.C.G. vaccination is carried out by the Chest Physician on suitable child contacts and on nursing staff.

The table below gives details of the numbers given B.C.G. vaccination during 1950, 1951 and 1952.

Type of Case	1950	1951	1952
Child Contacts	1	13	35
Nursing Staff	—	1	9
TOTALS	1	14	44

Extra nourishment for tuberculous cases is supplied through the good offices of the Local Branch of the British Red Cross Society.

VENEREAL DISEASES.

Difficulty is experienced where information is received from Commanding Officers of Service units regarding contacts with their personnel, since, in

many cases, fictitious names or addresses have been supplied. Where a definite name and address can be established, the information is passed to the appropriate officer of the Regional Hospital Board, who arranges for tests to be carried out.

ILLNESS GENERALLY.

After-care is carried out by the Local Health Authority nursing staff for all cases referred to them, either by practitioners or by the hospital services. No specific schemes are organised for any illnesses other than tuberculosis, but any other type of illness which is referred to the Local Health Authority is afforded any assistance which is at the disposal of that Authority. Where voluntary bodies are able to render assistance, cases are referred to them by the officers of the department.

PROVISION OF NURSING EQUIPMENT AND APPARATUS.

Articles of nursing equipment are supplied for the use of patients nursed at home, on request by medical practitioners. The table below gives details of the extent to which this service was used. As will be seen, not only have the numbers of patients to whom equipment has been loaned increased, but the numbers of articles loaned have also increased. A greater variety of articles is now available than in the early days of this service, showing that there is an increasing awareness of this service and its value.

	1949	1950	1951	1952
Number of articles loaned	70	235	247	354
Number of patients to whom equipment was loaned ...	50	159	209	262

It is sometimes felt that the Local Health Authority's services are not used as fully for cases of illness as they might be, but there is an increasing appreciation of the services which can be rendered to the sick under the provisions of this section.

HEALTH EDUCATION.

Health Education has mainly been carried out by individual teaching by all members of the staff as opportunity presents. The main fields of activity are in ante-natal clinics, infant welfare centres and school medical work. Much useful work is also carried out by health visitors during their home visits, especially in regard to accidents in the home.

Little use is made of leaflets and posters, as it is found that these are rarely read, and are usually merely discarded. Nevertheless pamphlets of the usual type are used in connection with vaccination and immunisation, and posters are used in connection with a variety of subjects.

Lectures are given by members of the staff to interested bodies and societies, and usually about six such Lectures are given in each winter session.

Health Education in clinics is made difficult by the lack of accommodation already mentioned earlier in the report. Group teaching is not feasible, but much individual instruction is given.

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TUBERCULOSIS.

The after-care of the tuberculous received attention on the same lines as previously, being based mainly upon reports from private practitioners, tuberculosis medical officers, and the Authority's medical staff and the tuberculosis visitor. Special attention has been paid to housing needs, but in a period of such acute housing shortage, this is a very difficult problem. Cases in which bad housing is prejudicial to the control of the disease are represented to the Housing Committee for their assistance.

As close co-operation as possible is maintained with the Tuberculosis Hospital Service through the medium of the Tuberculosis Medical Officer, who holds a joint appointment with the Local Health Authority and the Regional Hospital Board. It is still considered that it would be far wiser for all aspects of tuberculosis, diagnosis, treatment, prevention, care and after-care, to be the responsibility of one body rather than for the responsibility to be split. By the attendance of the tuberculosis visitor at the hospital clinics free interchange of information is facilitated, but the present system encourages the divorcement of the clinicians carrying out treatment in the hospital clinics from the preventive work which is the province of the Local Health Authority.

During the year discussions took place locally with the administrative medical staff of the Regional Hospital Board to decide in what way closer co-ordination could be reached in the care of the tuberculous. A full and frank discussion ensued as a result of which it is hoped that beneficial results will follow.

B.C.G. VACCINATION.

This treatment is carried out by the Tuberculosis Physician under the Local Health Authority's proposals. Notification has been received of its use in the case of 44 contacts during the year.

ILLNESS GENERALLY.

Individual patients discharged from hospital are followed up as required by the mental health workers in the case of mental illness and by the very small staff of health visitors in other cases.

During the year the Minister approved an addition to the Authority's proposals whereby periods of short-term care, not exceeding two months' duration, could be provided for mental defectives. Under these proposals four cases were dealt with, two being provided with a short-term stay in a mental deficiency institution, and two cases where difficult home conditions were being experienced owing to delay in obtaining admission to an institution, were provided with short-term periods of care in a voluntary home run by the National Association for Mental Health.

During the year much individual case work, mainly of a social nature, has been carried out amongst problem families, of which this town has its share.

It is considered that the only feasible method of tackling the more serious cases is by direct guidance, example, and encouragement such as is given by Family Service Units, and by attempts at rehabilitating the housewife at centres such as Brentwood.

HEALTH EDUCATION.

In Health Education the main emphasis has again been on personal teaching in the homes by various sections of the Local Health Authority's staff. The work has been supplemented by posters and by lectures to interested bodies.

In addition, the Authority issued to a wide public a "Guide on the Health Services in Warrington," which gave details regarding the comprehensive health services provided by all three branches of the National Service. In this, the Hospital Management Committee and the Local Executive Council willingly collaborated by providing, for publication in the Guide, details of their respective services. The Guide was a successful venture and was well received, both by the informed public to whom it has been a useful reference book, and by the uninformed public where it had definite value as a medium of health propaganda.

PROVISION OF NURSING EQUIPMENT AND APPARATUS.

There was a further increase in the demand for articles on loan during the year, there being 354 articles of sick-room equipment loaned to 262 patients during the year under review as compared with 247 articles loaned to 209 patients during 1951.

SECTION 29. DOMESTIC HELP

SURVEY.

The Domestic Help Service has an establishment of an Organiser, Home Visitor, and 30 part-time Home Helps, and most of this staff is normally employed. The demands for the service in this area are mainly concerned with the aged and chronic sick, and no attempt has been made to curtail the demands from this section of the community upon the service. It has been used very little for acute illness, and hardly at all in cases of domiciliary confinement, even though much propaganda has been carried out.

No special training is given to domestic helps, but a certain amount of instruction and guidance is given by the Organiser and by the Home Visitor.

During the year 1949 the demand on the Domestic Help Service showed a considerable increase since its introduction in 1946. Prior to 1949 the Service had been used in a very minor capacity, being called upon only on rare occasions to help the expectant mother who was having a domiciliary confinement. The reason for this was that the public were not aware of the service available under this scheme.

In early 1949, to remedy the situation, the Organiser gave the Service much publicity and contacted Hospital Almoners, Medical Practitioners and other interested persons. Having confirmed the need in Warrington, the Organiser launched a recruitment campaign for Home Helps. Numerous applications for employment were received and it has since been possible to recruit sufficient to meet the demand. In order to raise the status of the Service, Domestic Helps were issued with an indoor and outdoor uniform.

By the end of 1949 the Service had developed rapidly and 24 Home Helps were employed. A total of 5,545 visits were paid by the Home Helps dealing with 173 cases over the year.

This brought an increase in the clerical work and it was found necessary to appoint a Clerk/Typist. A visitor was also appointed to ensure that the work of the Helps was being carried out satisfactorily and to ascertain the continued need for the services of a Help in each particular case.

During 1950 the Service continued to extend, in June of that year the maximum number of 30 Home Helps was employed, but this had been reduced to 27 Helps by the end of the year. However, over the whole year an increase of 95 cases and 6,212 visits paid was shown on the previous year.

Again in 1951 and 1952 slightly more cases were dealt with. The Chronic Sick and Aged made the heaviest demand. At the end of 1952 there were 25 Home Helps employed and a total of 310 cases had used the Service during the year. 11,239 visits had been made in all by the Domestic Helps.

It will be seen that the Service tends to increase yearly, the need has definitely been established, the public are very grateful for the practical assistance which the Scheme offers, and its use has saved the admission of many patients to hospital and has relieved the anxieties of the aged and infirm.

The following table gives comparative figures of cases attended, and visits paid, by Home Helps during the four years.

DOMESTIC HELP SERVICE

Cases attended	1949	1950	1951	1952
Sick and Aged	103	167	210	240
Tuberculosis	—	6	9	8
Acute Illness	18	46	30	33
Mothers with young children	11	15	11	7
Maternity	41	34	30	22
TOTALS	173	268	290	310

VISITS BY DOMESTIC HELPS

Cases visited	1949	1950	1951	1952
Sick and Aged	—	8968	8483	10078
Tuberculosis	—	244	393	225
Acute Illness	—	1362	825	393
Mothers with young children	—	769	227	181
Maternity	—	414	310	352
TOTALS	*5545	11757	10238	11229

*Analysis of 1949 figures not available.

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GENERAL.

This service has continued to operate throughout the year in the same manner as described in the previous reports. Priority is given to cases of acute illness and to maternity cases, but the heaviest demand is for assistance to the chronic sick and aged.

At the end of 1951 there were 21 Home Helps employed. At the end of 1952 the staff consisted of 25 Helps.

The scales of assessment were revised twice during the year. The first revision produced a marked fall in the numbers of people who availed themselves of the service. As a result, when the revised scale had been in operation for some three months it was again revised by the Authority in such a way that whilst it was hoped that there would be an improvement in the income from the service, greater use of the service would be encouraged and its use in any necessitous case would not be discouraged. The final scale gives more encouragement to the middle-income groups to use the service without in any

way causing hardship to the chronic sick and aged who are all, for the most part in a low income group, and are those who most use the service and whose need of it is established and clearly recognised.

At the end of the year when the finally revised scales were brought into operation there was an almost immediate sign of wider use of the service, and a marked improvement in the income from it.

It is hoped that its operation will lead to greater use of the service for non-chronic cases.

During the year the Service dealt with 20 more cases than in the year preceding, the increased demand once again occurring in the chronic sick and aged category. The number of visits paid to cases increased by 1,001 this being due to the fact that in some cases it was found sick persons were not receiving adequate meals. With the absence of a Mobile Meals Service in the Town it was arranged that Domestic Helps should attend mornings, give breakfasts to patients and call again later in the day to prepare a lunch, thus giving a fuller service to the public.

ORGANISATION.

The method of allocating help has been slightly altered. The adjustments have proved satisfactory and at the same time have effected reductions in the amount of clerical work involved.

In an effort to encourage the mother planning a domiciliary confinement to take advantage of the Service, it was arranged that Helps should be specially selected for this work, the choice being of persons who had proved themselves to be efficient Home Helps possessing practical knowledge and experience.

The same system has been applied to Tuberculosis cases, the older Home Helps being used and periodical "rests" being arranged.

Visits for the purpose of supervising the work of the Domestic Helps continue to be made to the householder monthly.

PERSONNEL.

By increasing the number of Helps employed and still remaining within the limit of the establishment, a five day week was introduced where possible, that is, except in cases where it was essential for the Help to attend on a Saturday. This was very much appreciated by the Staff and obviated many difficulties which have been experienced during holiday periods and with staff sickness. By utilising Saturday mornings in emergencies the Service was able, during these times, to continue giving a full allocation of help.

On reviewing the applications of potential Helps it was found that very few of the applicants were available when needed, having obtained employment elsewhere, or were no longer interested. The extensive "Waiting List" has therefore been abandoned. Suitable persons are given a promise of employment within a specified time.

The Helps continued to attend the Office to gain advice on any problems which may arise in connection with their work.

STATISTICS.

The following tables give the details of the numbers and types of cases attended, and the visits paid by Home Helps during the year. The visits are shown in the periods corresponding to those for which figures have been prepared for submission on monthly reports to the Authority's Health Committee.

	Total cases dealt with during year	Total visits	Cases on Books at 31st December, 1952	
			Paid	Free
Sick and Aged	240	10078	126	4
Tuberculosis	8	225	1	—
Acute Illness	33	393	6	—
Mothers with young children	7	181	—	—
Maternity	22	352	1	—
TOTALS	310	11229	134	4

This shows an increase of 20 cases on the previous year, and an increase of 991 visits paid.

The schedule below shows the number of monthly visits paid :—

Period	No. of weeks	Sick and Aged	Tuberculosis	Acute Illness	Mothers with young children	Maternity	Grand Total	Average visits per week
1. 1.52 to 3. 2.52...	5	773	24	17	2	1	817	164
4. 2.52 to 2. 3.52...	4	717	13	8	—	36	774	193
3. 3.52 to 30. 3.52...	4	761	38	23	—	49	871	217
31. 3.52 to 27. 4.52...	4	824	17	30	15	8	894	223
28. 4.52 to 18. 5.52...	3	650	21	19	4	39	733	244
19. 5.52 to 23. 6.52...	5	1045	32	21	53	9	1160	232
24. 6.52 to 27. 7.52...	5	985	25	29	36	44	1119	223
28. 7.52 to 31. 8.52...	5	850	13	42	19	27	951	190
1. 9.52 to 28. 9.52...	4	801	7	72	25	17	922	230
29. 9.52 to 2.11.52...	4	966	11	27	27	50	1087	216
3.11.52 to 30.11.52...	5	784	11	34	—	48	877	219
1.12.52 to 31.12.52...	4	932	13	71	—	24	1040	229
TOTALS	52	10088	225	393	181	352	11239	216

Domestic Helps employed at 31st December, 1952 25

Visits paid by Organiser and by Home Help Visitor :—

To Home Helps and potential Home Helps 27

To patients' homes 2357

OBSERVATIONS

Once again it must be noted that comparatively little use is made of the service in cases of domiciliary confinement. All steps have been taken to draw the attention of expectant mothers to the service.

The financial return from the service it is hoped will now improve, but its use has saved the admission of many patients to hospital. Use of the service has also eased the lot of many aged persons, and has enabled them to continue living in their own homes when without the service they would not have been able to maintain the house. This service must be regarded as an outstanding social service, giving as it does, practical help where the need arises.

Numerous letters were received in appreciation of the Service, and it is indeed pleasing to note that the many efforts to relieve anxiety are proving successful.

SECTION 51. MENTAL HEALTH SERVICE

SURVEY.

ADMINISTRATION.

The Mental Health Service is administered by the Mental Health Sub-Committee, a Sub-Committee of the Health Committee. The service operates under the control of the Medical Officer of Health, and day to day administration is carried out by medical members of his staff with experience in this type of work. Latterly responsibility for the routine operation of this service has been delegated to the Deputy Medical Officer of Health, who attended during 1951 a course on mental health and the community, organised by the National Association for Mental Health.

Two male Duly Authorised Officers, who are also Mental Health Visitors, are employed, and towards the end of 1952 a female Mental Health Visitor was appointed for duties principally in the mental health service, but also for duties in connection with the Child Guidance Clinic of the Local Education Authority. One of the male Duly Authorised Officers holds the Certificate of the Royal Medico-Psychological Association, and has also attended a course of training. The second officer, who holds no special qualification, has not yet attended a course of training, but it is hoped that he will be able to attend a course next year. The female Mental Health Visitor has undergone a University Course in social studies, and holds a degree of B.A. (Administration).

The Occupation Centre is staffed by a qualified Supervisor, an Assistant Supervisor, and a guide help, together with unskilled assistance in such duties as serving dinners. The Assistant Supervisor was sent on an assisted scheme of training to the Manchester Course for Occupation Centre Supervisors in September 1952, and she is temporarily replaced by unskilled assistance and by students from the course.

It has not been possible to arrange for the joint use of officers with the Regional Hospital Board or Hospital Management Committees. At the request of medical superintendents of institutions supervision of patients out on trial or on licence is undertaken together with inspection of home circumstances before the granting of licence.

WORK IN THE COMMUNITY.

1. UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

The Mental Health Visitors take such steps as may be necessary, or practicable to prevent the onset of mental illness in suitable cases. It is impossible to detail this aspect of the work which is so unspectacular and yet is of paramount importance. Every case must be dealt with on its own merits, and proper advice and assistance with the worries of everyday life may prevent the onset of mental illness. The Mental Health Visitors have done much important work in this field, but the value of their work cannot be assessed statistically and is little known to the general public.

Close co-operation is maintained with the Mental Hospitals in the provision of after-care, and every effort is made to rehabilitate the patient in the community.

Close co-operation has been maintained throughout with both Statutory and Voluntary services and special thanks are extended to S.S.A.F.F.A. and the Council of Social Service for the considerable help, both financial and in

kind, that has been given to some of the many cases receiving after-care, also for the very valuable advice in the many problems that often confront us.

2. UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890 TO 1930.

This aspect of the work has run smoothly except for difficulty in obtaining female vacancies for short-order cases, a difficulty which it was hoped would have disappeared as a result of the issue of a circular letter by the Regional Hospital Board drawing attention to the fact that demands for mental hospital accommodation were exceeding the accommodation available and outlining a proposed scheme of re-organisation under which the smaller mental hospitals would be regarded as observation units taking "short-order" cases, with the larger mental hospitals taking summary reception cases, selected cases transferred from smaller mental hospitals and a proportion of voluntary patients. The position has worsened since the issue of the circular, but it has been discussed with the responsible hospital body, and it is hoped that arrangements may be made to obviate the difficulties in the future, so that long ambulance journeys for patients to distant hospitals may be obviated. The problem is, of course, all the more difficult in that there is not a designated hospital within the confines of the County Borough.

No particular difficulty has been experienced with regard to male patients.

There appears to be need for close co-operation between hospital authorities and Local Authority Welfare Services which would enable, in suitable cases, the admission of recovered cases to residential accommodation provided under Part III of the National Assistance Act, 1948. This would enable beds to be made available for cases urgently requiring treatment,

3. UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938.

- (a) *Ascertainment and Supervision.* Ascertainment is largely carried out by the School Medical Service, and much greater attention is now being given to this work.

The supervision of mental defectives is carried out by the Mental Health Visitors, occasionally assisted by Health Visitors in special cases. Parents and guardians are encouraged to send defective children to the Occupation Centre. The difficulty in this work is the absolute impossibility of obtaining institutional care for the most difficult type of defectives. The waiting list of very urgent cases whose admission is imperative grows year by year. It is also difficult to obtain Place of Safety vacancies for even the most urgent types of case. This situation has caused the Authority great concern during the last year, and repeated representations in most urgent cases have produced little tangible result. Vacancies allotted and urgent cases on the waiting list are shown below :—

Type of vacancy found	1948	1949	1950	1951	1952
1. Admitted to mental deficiency institution on presentation of petition	7	6	1	4	4
2. Admitted to "Place of Safety" (not included in figures under 1)	—	2	1	2	4
Total vacancies obtained	7	8	2	6	8

On 5th July, 1948, there was no list of patients awaiting admission to hospital, but the number has increased consistently from two males and two females at 31/12/48 until 31/12/52, when the numbers awaiting vacancies total 14 males and 8 females (these figures include 7 males and 3 females at present in "Places of Safety").

The present position although not purely a local problem seems insuperable and limits the help and advice the Local Authority can offer to relatives, who by their enquiries and comments, seem to be of the opinion that all that could be done is not being done.

There is a considerable need for "Place of Safety" accommodation, particularly for defectives under the age of six years. There is no such accommodation at present in the Liverpool Region.

- (b) Guardianship has not been used owing to lack of suitable homes.
- (c) An Occupation Centre of 50 places has been developed by the Local Health Authority in the last $3\frac{1}{2}$ years. The accommodation is as good as it is possible to obtain in rented premises, and a variety of types of training are available, but it is not possible to develop industrial training in these premises. Home teaching is carried out by the staff of the Occupation Centre.

The difficulties in obtaining institutional training have been mentioned in (a).

The table below gives details of the cases attending during the four years.

Cases attending at 31st December	1949	1950	1951	1952
Warrington	19	17	16	15
Lancashire	3	4	9	10
Cheshire	11	8	7	5
Regional Hospital Board	20	—	—	—
TOTAL	53	29	32	30
Total attendances	6180	4813	4470	5332
Average daily attendance	31.2	24.7	23.6	27.3

GENERAL.

1. MENTAL ILLNESS.

Since the appointed day there has been a marked increase in the use made of Section 1 of the Mental Treatment Act, 1930, to a large extent due to the increasing use being made of the Psychiatric Clinics which have now been established at both the Warrington General Hospital and the Warrington Infirmary, also to the extensive use by the general practitioners of the domiciliary visiting scheme.

There is no doubt however that the element of cost of treatment involved prior to the operation of a free hospital service under the National Health Service Act, 1946, was a deterrent to the full use of Section 1, although the operation of the services under the Act both by the Local Health Authority and

the hospital authorities is slowly bringing a changed public attitude of mind towards mental illness. Details of admissions under this Section are given below. Admissions were arranged either through the Mental Health Service by Duly Authorised Officers or through the general practitioner and specialist services.

**ADMISSIONS UNDER SECTION 1.
MENTAL TREATMENT ACT, 1930.**

	Males	Females	Total
From 5th July, 1948 to 31st December, 1948	Not available	Not available	50
From 1st January, 1949 to 31st December, 1949 ...	48	60	108
From 1st January, 1950 to 31st December, 1950 ...	39	51	90
From 1st January, 1951 to 31st December, 1951	69	54	123
From 1st January, 1952 to 31st December, 1952	60	68	128
TOTALS	316	233	499

The admissions to hospitals designated for the purpose of Section 20, have been consistent and average 60 per year over the past four years. The majority of these were subsequently dealt with under the provisions of Section 1, of the Mental Treatment Act, 1930.

The admission to hospital under Section 16 (certified patients) including those from designated hospitals has been comparatively low—128 during the past four and half years out of a complete total of over 500 admissions.

The rate of discharge has also been consistent with that of admissions and the total number at present receiving treatment is only slightly more than in 1948.

2. MENTAL DEFICIENCY.

As has been previously stated the greatest difficulty has been that of obtaining vacancies for mental defectives who cannot be dealt with other than by admission to an institution. It is a noteworthy fact, as will be seen by a study of the table on page 77 that the difficulty has worsened since 1950, in which year a Bed Bureau was instituted in this Hospital Board region.

There is a particular hardship in respect of financial allowance. On attaining the age of 15 years a defective, like any other child, is no longer eligible for family allowance and cannot receive assistance from the National Assistance Board until the age of 16 years. The need for assistance during this twelve months is often very acute and this gap causes considerable hardship in many cases, particularly with regard to the low grade defectives who are never likely to become employed and are often in need of extra clothing and care in excess of the normal child. The age limit in the case of the majority of mental defectives would appear to be an artificial barrier which takes no real account of the fact that though advancing in years the mental defective will not progress mentally, and will require the same, indeed in many cases, a greater degree of care, if not receiving institution care, from his parents as the normal child under 15 years.

SECTION 51.

MENTAL HEALTH SERVICE

ANNUAL REPORT

GENERAL SURVEY.

The Authority were successful in appointing a Female Mental Health Visitor towards the end of the year and further efforts were made to appoint a Psychiatric Social Worker. This has greatly improved the staff position, and particularly in the field of mental deficiency will mean an improvement in the service. One member of the clerical staff is appointed to act as a relief Duly Authorised Officer in an emergency.

The Mental Health Sub-Committee met monthly.

ADMISSION OF CASES.

Throughout the year, great difficulty was experienced in obtaining vacancies for mental defectives in institutions ; indeed the only vacancies allotted to this Authority were for cases, where, as a matter of extreme urgency it was essential for immediate admission to be arranged. The waiting list of mental defectives awaiting institution vacancies steadily increases each year. At the end of the year there were 22 on the waiting list, whereas on the 5th July, 1948 there was no waiting list.

Although there is not the same acute problem in obtaining admission of cases of mental illness to hospital, great difficulty has been experienced in obtaining vacancies for female "short order" cases.

MENTAL DEFICIENCY.

The following tables give details of the work performed by the Authorised Officers and Mental Health Visitors during the year, the numbers of cases ascertained as subject to be dealt with and their disposal, cases awaiting vacancies in institutions, etc.

WORK PERFORMED BY AUTHORISED OFFICERS AND MENTAL HEALTH VISITORS DURING THE YEAR 1952.

	No. of home visits paid	No. of cases involved
Cases under Statutory Supervision...	171	49
Cases under Voluntary Supervision	60	24
Cases on Licence from Institutions (Progress Reports)	29	3
Home Circumstances Reports on applications for long licence, or holiday leave	20	14
Home Circumstances Reports for the purpose of Section 11.....	43	27
New Cases investigated	18	16
Admitted to Occupation Centre	6	4

SOURCES OF CASES ASCERTAINED

	No. of Cases		
	Males	Females	Total
Cases reported by the Local Education Authority :—			
(1) Under Section 57(3) Education Act, 1944	4	3	7
(2) Under Section 57(5) Education Act, 1944 :			
(a) on leaving Special Schools ...	1	—	1
(b) on leaving Ordinary Schools	—	1	1
Cases ascertained under any other circumstances	—	2	2

By resolution of the Mental Health Authority the cases as ascertained above were dealt with as shown in the following table.

DISPOSAL OF CASES ASCERTAINED DURING THE YEAR 1952

	No. of Cases		
	Males	Females	Total
1. Placed under Statutory Supervision :			
(a) Not requiring admission to an Institution or to the Occupation Centre	1	1	2
(b) and admitted to the Occupation Centre	—	1	1
(c) pending admission to an Institution	1	—	1
2. Placed under Voluntary Supervision:			
(a) Not requiring admission to an institution or to the Occupation Centre	—	1	1
(b) pending admission to an institution	—	1	1
3. Placed under Institution Care :			
(a) admitted to a “place of safety” under Section 15 of the Mental Deficiency Act, 1913	2	2	4
(b) admitted to a certified Institution under Section 8 of the Mental Deficiency Act, 1913	1	—	1
TOTALS	5	6	11

NUMBERS OF WARRINGTON DEFECTIVES
AT 31st DECEMBER, 1952.

	No. of Cases		
	Males	Females	Total
1. Under Statutory Supervision :			
(a) under 16 years	17	9	26
(b) over 16 years	13	10	23
2. Under Voluntary Supervision	8	16	24
3. In certified Institutions.....	32	40	72
4. In "places of safety" under Section 15 of the Mental Deficiency Act, 1913	7	3	10
5. On Licence from certified Institutions	2	2	4
TOTALS	79	81	159

Of the total of 73 defectives under Statutory and Voluntary Supervision 15 (9 males and 6 females) attend the Occupation Centre.

Two of the defectives on Licence are licensed to the care of their parents in their own homes, and two are on licence to the care of persons other than their parents. All four defectives are progressing favourably, and three are engaged in useful employment.

One male defective and one female defective were discharged following periods of licence in each case. Voluntary supervision in respect of one female was cancelled.

One male defective removed to another area.

The 82 defectives under Institution care are placed in hospitals as shown in the table below :—

Hospitals	Males	Females	Total
Brockhall Hospital, Langho	16	12	28
Calderstones Hospital, Blackburn	4	11	15
Newchurch Hospital, Culcheth	—	11	11
Greaves Hall Hospital, Southport	3	—	3
Royal Albert Hospital, Lancaster	2	1	3
Ashton House Hospital, Birkenhead ...	—	3	3
Lisieux Hall Hospital, Chorley	2	—	2
Rampton State Hospital, Retford	1	—	1
Moss Side State Hospital, nr. Liverpool	1	—	1
Eaves Lane Hospital, Chorley	1	—	1
Castleberg Hospital, Scotland	1	—	1
Grange Hall, Cheshire	1	—	1
The Manor, Cheshire	—	1	1
Mary Dendy Hospital, Cheshire	—	1	1
Whitecross Homes, Warrington, Place of Safety	5	3	8
Atherleigh Hospital, Leigh, Place of Safety	2	—	2
TOTALS	39	43	82

During the year 1952 there were 16 admissions to mental deficiency institutions, involving 11 patients.

All patients under Statutory or Voluntary Supervision were visited regularly.

CASES AWAITING VACANCIES IN MENTAL DEFICIENCY
HOSPITALS AT 31st DECEMBER, 1952.

	Males	Females	Total
1. For whom representation has been made to the Local Health Authority by parent or guardian	7	5	12
2. In "Place of Safety" under Section 15 of Mental Deficiency Act, 1913...	7	3	10
TOTALS	14	8	22

One male and two female patients were admitted to Mental Deficiency Hospitals under the provisions of Section 6, Mental Deficiency Act, 1913. Of these, in the case of one male and one female the admissions followed detention in a "place of safety."

One female defective was admitted under the provisions of Section 3, Mental Deficiency Acts, 1913-38, and discharged two weeks later after application had been made by her father to the Board of Control.

Seven patients were admitted to "Places of Safety" under the provisions of Section 15, Mental Deficiency Acts, 1913-38.

One male defective was granted licence to the care of his parents.

Four patients were admitted to Brockhall Hospital, Langho, and two to Orchard Dene, Rainhill, for periods of short-term care under Section 28 of the National Health Service Act, 1946.

One patient who escaped from hospital during 1951 was recaptured during the year. One patient escaped, and was recaptured during 1952.

There has been no improvement in the allocation of vacancies to this Borough for admission to hospitals for mental defectives, although a number have been admitted to "Places of Safety."

Great hardship has been experienced in several cases owing to the inability to obtain vacancies.

OCCUPATION CENTRE.

There were no staffing difficulties during the year. Although the Assistant Supervisor proceeded in September on an assisted course of training at Manchester, unqualified staff were appointed to provide relief and further assistance was available from students from the Manchester Course attached to the Centre for practical training.

The following table gives details of cases attending, total attendances, and average daily attendance during the year.

Cases attending at 31st December	1952
Warrington	15
Lancashire	10
Cheshire	5
Regional Hospital Board ...	—
TOTAL	30
Total attendances	5332
Average daily attendance ...	27.3

The defectives attending the Centre are provided with hot mid-day meals from the Civic Restaurant and one part time assistant is employed to assist in serving the meals.

Twelve of the Warrington mental defectives attending the Centre are conveyed to and from their homes by ambulance.
MENTAL ILLNESS.

The following tables give details of the numbers of cases of mental illness dealt with by the Authorised Officers under the Lunacy and Mental Treatment Acts during the year, admissions to, discharges from, and, deaths in hospitals, etc.

CASES DEALT WITH DURING THE YEAR

	No. of Cases		
	Males	Females	Total
1. Admitted to an Establishment designated for the purpose by the Minister of Health—			
(a) Under Section 20 of Lunacy Act, 1890 (on a Three Day Order)	30	16	46
(b) Under Section 21 of Lunacy Act, 1890 (on a Justice's Fourteen Day Order).....	6	13	19
2. Summary Reception Orders made in respect of—			
(a) Patients conveyed to a Mental Hospital from another Hospital or establishment following detention on an Order made under Section 20 or 21 of the Lunacy Act, 1890.....	—	2	2

CASES DEALT WITH DURING THE YEAR—Continued

	No. of Cases		
	Males	Females	Total
(b) In respect of a patient already in the same Mental Hospital—			
(i) After treatment as a voluntary patient	2	3	5
(ii) Under the provisions of Section 20 or 21 of the Lunacy Act, 1890.....	14	9	23
(c) Patient admitted direct to a Mental Hospital (from home, or wandering at large)	—	3	3
3. Notified as an alleged person of unsound mind or suffering from mental illness, and dealt with as—			
(a) Voluntary patients	9	16	25
(b) No order (excluding cases already shown under 3 (a) above)	20	39	59
4. Voluntary patients admitted to a mental hospital following detention under Section 20 or 21, Lunacy Act, 1890.....	17	13	30
5. Direct to Mental Hospitals	34	39	73

The table below gives details of the total number of cases referred to the Duly Authorised Officers :—

	Males	Females	Total
Cases in which immediate action was taken under Section 20 of the Lunacy Act, 1890 (3 day Orders)	30	16	46
Cases in which immediate action was taken under Section 21 of the Lunacy Act, 1890 (14 day Orders)	6	13	19
Cases admitted direct to Mental Hospitals under Section 16 Lunacy Act, 1890	—	3	3
Cases dealt with by admission to mental hospitals as voluntary patients	9	16	25
Cases in which no statutory action was taken (referred to Consultant Psychiatrist or directed into other channels of social services for welfare or care)	20	39	59
TOTALS	65	87	152

Of the 65 cases dealt with by Statutory Orders, subsequent action was necessary in 60 cases, one patient died in hospital before the expiration of the Order, and one was discharged from hospital on termination of the Order. In

three cases action was not decided by 31/12/52. The table below gives details of the subsequent action taken :—

	Males	Females	Total
1. Cases originally dealt with under Section 20 of the Lunacy Act, 1890 in respect of whom further temporary detention was necessary under Section 21A	22	14	36
2. Cases originally dealt with under Section 21 of the Lunacy Act, 1890 in respect of whom further temporary detention was necessary under Section 21A	2	6	8
3. Admitted to mental hospital by Summary Reception Order under Section 16 of the Lunacy Act, 1890 following—			
(a) detention under a 3 day Order made under Sec. 20	3	1	4
(b) detention under a 14 day Order made under Sec. 21	1	2	3
4. Admitted to mental hospital under Section 1 of the Mental Treatment Act, 1930 following—			
(a) detention under a 3 day Order made under Sec. 20	4	1	5
(b) detention under a 14 day Order made under Sec. 21	1	3	4
TOTALS	33	27	60

The 44 cases shown under headings 1 and 2 of the above table who were detained for further periods under Section 21A of the Lunacy Act, 1890 were eventually disposed of as shown in the table below :—

	Males	Females	Total
Admitted to mental hospital by Summary Reception Order under Section 16 of the Lunacy Act, 1890 following original detention under :—			
(a) Section 20 (3 day Order)	8	4	12
(b) Section 21 (14 day Order)	2	4	6
Admitted to mental hospital under Section 1 of the Mental Treatment Act, 1930 following original detention under—			
(a) Section 20 of the Lunacy Act, 1890 (3 day Order)	12	8	20
(b) Section 21 of the Lunacy Act, 1890	—	1	1
Discharged from hospital following original detention under Sec. 20	2	1	3
Discharged from hospital following original detention under Section 21	—	1	1
Died in hospital (Section 20 Lunacy Act, 1890)	—	1	1
TOTALS	24	20	44

ADMISSIONS TO MENTAL HOSPITALS.

1. *Under Section 16 of the Lunacy Act, 1890.*

	Males	Females	Total
To Winwick Hospital—			
(a) Following order under Section 20	3	—	3
(b) Following order under Section 21	1	—	1
(c) Following extended period under Section 21A	10	7	17
(d) Direct on Summary Reception Order under Section 16	—	3	3
(e) After period as voluntary patient	2	3	5
To Rainhill Hospital following order under Section 20	—	1	1
To Rainhill Hospital following order under Section 21	—	1	1
To Birkenhead Mental Hospital following Order under Section 21	—	1	1
To Whiston Hospital following Order under Section 21A	—	1	1
TOTALS	16	17	33

2. *Under Section 1 of the Mental Treatment Act, 1930.*

	Males	Females	Total
To Winwick Hospital—			
(a) Following detention under Section 20 of the Lunacy Act, 1890	4	1	5
(b) Following detention under Section 21 of the Lunacy Act, 1890	1	3	4
(c) Following further period of detention under Section 21A of the Lunacy Act, 1890	12	9	21
(d) Direct from home through Mental Health Service	9	16	25
(e) Direct from home not under arrangements made by Mental Health Service ...	32	37	69
TOTALS	58	66	124

3. *Total Admissions to Hospitals of Patients suffering from Mental Illness.*

	Males	Females	Total
To Designated Hospitals by 3 day Orders made under Section 20 of the Lunacy Act, 1890.....	30	16	46
To Designated Hospitals by 14 day Orders made under Section 21 of the Lunacy Act, 1890.....	6	13	19
To Mental Hospitals direct by Summary Reception Orders made under Section 16 of the Lunacy Act, 1890	—	3	3
To Mental Hospitals as voluntary patients under Section 1 of Mental Treatment Act, 1930.....	43	55	98
TOTALS	79	87	166

Discharges from Hospital

	Males	Females	Total
From Winwick (from Summary Reception Order, Section 16 of the Lunacy Act, 1890) ...	8	4	12
From Rainhill (from Summary Reception Order, Section 16 of the Lunacy Act, 1890) ...	—	1	1
Following admission as voluntary patients under Section 1 of the Mental Treatment Act, 1930—			
(a) From Winwick Hospital	57	51	108
(b) From Upton Hospital	—	3	3
(c) From Rainhill	1	—	1
TOTALS	66	59	125

Deaths in Hospital

	Males	Females	Total
At Winwick Hospital (Section 16 of the Lunacy Act, 1890)	6	2	8
At Rainhill Hospital (Section 16 of the Lunacy Act, 1890)	1	2	3
At Winwick Hospital (Section 1 of the Mental Treatment Act, 1930)	2	2	4
TOTALS	9	6	15

Two male and one female patients were discharged from Orders following a period of one month’s trial in their home surroundings.

The following table gives details of Warrington patients in Hospitals at 31st December, 1952.

	Males	Females	Total
Under Summary Reception Orders made under Section 16 of the Lunacy Act, 1890—			
In Winwick Hospital	84	70	154
In Rainhill Hospital	8	25	33
In Lancaster Hospital	5	2	7
In Prestwich Hospital	4	3	7
In Whittingham Hospital	1	5	6
In Upton Hospital	—	1	1
In Friern Hospital, London.....	—	1	1
In Whitecross Homes, Warrington	11	19	30
In Whiston Hospital	—	1	1
In Birkenhead Hospital	—	1	1
TOTALS	113	128	241
Under Section 1 of the Mental Treatment Act, 1930 as voluntary patients—			
In Winwick Hospital	26	28	54
In Rainhill Hospital	1	1	2
In St. Ebbas Hospital, Epsom, Surrey	1	—	1
TOTALS	28	29	57

HOME VISITING

The Mental Health Visitors and Authorised Officers paid visits to homes as shown below :—

	No. of home visits paid	No. of cases involved
For purposes of preparation of case histories ...	47	36
For Home Reports in cases under consideration for discharge.....	6	5
For purposes of After-care to discharged patients	124	88
For purposes of After-care to Ex-Service personnel	2	1
TOTALS	179	130

AFTER-CARE OF DISCHARGED PATIENTS.

Although it is often difficult to decide what degree of care is necessary for patients discharged from hospital after suffering from mental illness, or to what extent such care can be given, successful after-care was achieved during the year in a number of cases. The Mental Health Visitors paid visits to many firms in Warrington maintaining contact with Welfare Officers of these firms and were thus able to judge the possibility of different types of work suiting discharged patients. With the valuable assistance of Welfare Officers discharged patients have thus in some cases been placed in congenial and suitable employment. Valuable assistance was also rendered by S.S.A.F.F.A. and the Council of Social Service.

ANNUAL REPORT OF CHIEF SANITARY INSPECTOR

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ANNUAL REPORT OF CHIEF SANITARY INSPECTOR
TO THE
MEDICAL OFFICER OF HEALTH

PART I—GENERAL

WATER SUPPLY.

The water supply for the area is derived from deep wells in Bunter sandstone at Winwick and Houghton Green and boreholes at Newton Hollow and Foxhill, Frodsham, Cheshire, all of which are owned and controlled by the County Borough Council : a supply is also obtained from Lake Vyrnwy.

- (1) The supply of the area and its several parts has been satisfactory in quality and quantity.
- (2) There is no significant plumbo-solvent action.
- (3) The well and borehole supplies are chlorinated. Treatment is afforded to the trunk main supply from Lake Vyrnwy by the Liverpool Authority.
- (4) The whole of the built up area of the Borough has a piped supply to each house and no stand pipe supplies exist. Premises not connected comprise two occupied buildings on outskirts of area a considerable distance from main supply. These are supplied from wells.
Direct to houses : 22,277. Population : 80,150.

An additional borehole pump at Newton Hollow was brought into use during the year.

Routine sampling is undertaken by officials of the Water Department of the Local Authority and samples from each source of supply are submitted to the Public Analyst, J. G. Sherratt, Esq., B.Sc., F.R.I.C. Fifty-six bacteriological and twenty-two chemical samples were examined during the year.

Sanitary inspectors submitted two samples of town's water for chemical and bacteriological examination, both of which were satisfactory.

The Water Engineer, T. Nisbet, Esq., B.Sc., has supplied the following analyses which are representative of each source of supply.

REPRESENTATIVE EXAMINATION OF THE WARRINGTON DOMESTIC SUPPLY

BACTERIOLOGICAL.

	Houghton Green	Winwick	Newton Hollow	Foxhill
Number of organisms per ml. capable of growth on nutrient agar at 37 degs. C in 24 hours	4	0	0	1
Number of organisms per ml. capable of growth on nutrient agar at 20/22 degs. C in 3 days	0	1	1	2
Probable number of coli- form organisms per ml.	0	0	0	0
Probable number of faecal coli per 100 mls.	0	0	0	0

CHEMICAL.

	Houghton Green	Winwick	Newton Hollow	Foxhill
Appearance		clear and	colourless	
Odour	Nil	Nil	—	—
Reaction pH	7.56	7.70	7.95	6.9
PARTS PER MILLION—				
Total solids	367	392	187	185
Nitrogen as free and saline ammonia	Nil	Nil	Nil	Nil
Nitrogen as albuminoid ammonia	Nil	Nil	Nil	Nil
Nitrogen as nitrites	Nil	Nil	Nil	Nil
Nitrogen as nitrates	4.25	8.0	2.0	1.5
Chlorides as Cl	27	25	17.5	27
Oxygen absorbed from per- manganate in 4 hrs. at 27 degs. C	0.03	0.20	0.09	0.06
Total hardness	280	307	130	130
Temporary hardness	182	186	104	107
Permanent hardness	98	121	26	23
Alkalinity as CaCO ₃	182	186	104	—
Free Chlorine	Nil	Nil	Nil	Nil
Poisonous Metals	Nil	Nil	Nil	Nil

Insufficient supplies in respect of 85 dwellings were investigated during the year and action under Section 138 Public Health Act, 1936 as amended by Section 30, Water Act, 1945, resulted in improvement in 62 instances.

SEWERAGE AND DRAINAGE.

The Borough Engineer (J. Y. Hughes, Esq., M.Inst.C.E.) indicates that the main and subsidiary sewers in the Sankey Valley main drainage scheme have been completed from Penkford Bridge at Newton-le-Willows to the site of the Bewsey Bridge Pumping Station in Warrington. Work on the Bewsey Bridge Pumping Station has been commenced, and the rising main from this point to the Gatewarth Farm Sewage Disposal works has been completed. The Gatewarth Farm Disposal Works is in process of construction.

The Orford Surface Water Drainage Scheme to provide relief to over-charged sewers in that area in times of heavy rainfall has been completed and is in operation.

Construction work on the Orford Avenue Pumping Station and sewers has been commenced and whilst a starting date for the replacement of the obsolete ejector pump is awaited, the work on the sewers is now 50% complete.

The conversion of pail closets to the water carriage system under the compulsory powers of Sec. 47 Public Health Act, 1936 administered by the Borough Engineer, and conversions arranged by owners of property through their own contractors, has continued, and the following numbers have been dealt with during the year :—

(1) Under compulsory powers (Section 47)	.....	.....	4049
(2) Voluntarily by owners	.....	.....	307
			<hr/>
			4356

Since 1946 pails converted by Corporation Contract number 8357, and by private contract 1667, a total of 10,024. To date approximately 450 pail closets remain comprised in premises which are likely to be dealt with under clearance and demolition provisions of the Housing Act 1936, and in outlying areas where sewers are not yet available.

During 1953 it is anticipated that all major conversion schemes outstanding will be completed, and there can be no doubt that in this achievement the efforts of the Borough Engineer, the staff of his Department, and the contractors carrying out the work have effected one of the greatest possible contributions to the betterment of health, sanitation and amenity.

PUBLIC CLEANSING AND REFUSE DISPOSAL.

The collection and disposal of refuse, paper salvage and waste food collection is under the control of the Cleansing Superintendent (C. Parfitt, Esq.), who has supplied the data on which is based the following information concerning the service.

REFUSE COLLECTION.

A weekly collection of refuse from dwelling houses is maintained and trade refuse from shops, business premises, etc., is removed by agreement on a daily arrangement, or twice or three times weekly as required.

A standard form of bin is in use, the first bin or extra bins being a charge on the premises. Renewals or replacements are a direct charge on the General Rate.

Household refuse collected (April, 1952 to March, 1953)	.....	24,146 tons.
Trade refuse collected (April, 1952 to March, 1953)	.....	1,190 tons.

REFUSE DISPOSAL.

Approximately $12\frac{1}{2}\%$ of house and trade refuse is disposed of by separation and incineration at the Longford Depot. The remainder is disposed of by controlled tipping at the Longshaw Street, Lodge Lane site, which is the only site in the Borough used for tipping.

COLLECTION OF WASTE FOOD.

Individual household type kitchen waste bins are supplied to dwelling houses for storage pending collection. 6,750 such receptacles are in circulation and it is anticipated that a further 1,000 containers will be issued during 1953.

Waste food from dwelling houses is in the main, collected weekly during the normal collection of refuse and is carried on trailers attached to the refuse collection vehicles.

Waste food at school kitchens, canteens, Civic Restaurant, Barracks and cafes, etc., is stored in galvanised ashbins provided by the Department, which are replaced at each collection after cleansing and whitewashing. Collections are made daily, twice and three times weekly and a special vehicle is engaged on this work.

857 tons of waste food were collected in the year April, 1952 to March, 1953 from these sources.

DISPOSAL OF WASTE FOOD.

Collections of waste food are taken daily to the Wigan Corporation Cleansing Department for processing, after which it is returned and sold to pig and poultry keepers.

TRANSPORT.

The vehicles employed in the work of the Department are as follows :—

- 1 Lewin Compressing Refuse Collecting vehicle (10/20 cubic yards capacity)
- 2 Lewin Compressing Refuse Collecting vehicles (8/16 cubic yards capacity)
- 1 Karrier rear loading Refuse Collecting vehicle with moving floor.
- 6 Side loading, 7 cubic yards capacity refuse collecting vehicles (Vulcans and Karriers) with sliding metal covers or canvas curtains.
- 2 Karrier Bantam Lorries engaged on miscellaneous collections from hospitals, institutions and special loads.

1—2/3 ton Bedford Lorry engaged on waste food collection from school kitchens, canteens, etc.

1—2/3 ton long wheel-based Bedford engaged on transport of raw kitchen waste to Wigan and returning with processed waste.

TENTS, VANS AND SHEDS.

Work in this field of activity has been confined to two instances which in both cases resulted in vacation of the site without recourse to formal action.

COMMON LODGING HOUSES.

During the year one common lodging house ceased to function and was removed from the register. One registered house now remains providing accommodation for 95 males. Six inspections were made during the period.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

Six formal and two informal samples of upholstery fillings were submitted to the Slumberland (Research) Laboratories Ltd., Stockport, whose chemists are designated as "prescribed analysts" for the purpose of the Act, and satisfactory reports were received in each case.

Three manufacturers of upholstered furniture and bedding materials are registered under the Act. There are no persons or premises engaged in the manufacture or storage of rag flock within the Borough.

CINEMAS AND THEATRES.

Of the ten cinemas and one theatre in the Borough, eight cinemas are now considered satisfactory in regard to repair, decoration, adequacy of sanitary accommodation for patrons and staff, lighting, ventilation, and general cleanliness. The Grand Cinema, included in the Wilderspool Crossing Scheme has ceased to function and at the remaining two cinemas where requirements involve major reconstruction the necessary work is actively proceeding at one.

Thirty-six inspections were made by sanitary inspectors during the year. Thirty-two minor conditions relating to refuse storage, cleanliness of rooms, defective sanitary fittings, and lack of toilet paper, were brought to the attention of the managements and were rectified.

PHARMACY AND POISONS ACT.

A total of 84 persons and premises were registered during the year as listed sellers of Part II poisons. All listed sellers have been visited during the year by the Inspector of the Pharmaceutical Society, Mr. J. R. Dale. No sales from unauthorised premises were detected. Sanitary Inspectors made 61 visits to premises for purposes connected with registration and for examination of registers relating to specified poisons.

PET ANIMALS ACT 1951.

Seven premises are licensed as Pet Shops under the provisions of this Act which came into operation on April 1st, 1952. The sanitary inspectors of the Local Authority are appointed authorised officers under the Act and eleven inspections were made for record purposes.

FERTILIZER AND FEEDING STUFF ACTS.

Five formal samples and one informal sample were submitted during the year to the Public Analyst each of which proved satisfactory.

INFECTIOUS DISEASE.

Sanitary Inspectors made 93 visits of enquiry in respect of notifiable infectious disease.

PART II—FACTORIES

FACTORY ACTS 1937 AND 1948.

The following tables record action taken with matters referred to the department by the factory inspector, and as a result of routine inspections by the sanitary inspectors.

1). INSPECTIONS.

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by local authorities	44	7	4	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by the local authority	365	120	25	—
(iii) Other premises in which Sec. 7 is enforced by the local authority (excepting out - workers' premises)	11	—	—	—
TOTALS	420	127	29	—

(2). CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Re-medied	Referred		
			To H.M. Inspec-tor	By H.M. Inspec-tor	
Want of cleanliness (S.1)	2	1	—	4	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	3	1	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	1	1	—	—	—
Sanitary conveniences (S. 7) :—					
(a) insufficient	7	4	—	6	—
(b) unsuitable or defective	26	15	—	18	—
(c) not separate for sexes	1	1	—	—	—
Other Offences against the Act (not including offences relating to out-work)	—	—	—	—	—
TOTALS	40	23	—	28	—

Six outworkers' premises were examined during the year occupied in connection with the making of wearing apparel.

PART III.—HOUSING

NUISANCE AND HOUSING DEFECTS.

A total of 1,636 complaints were received at the Department during the year concerning the following matters :—

House disrepair and dampness	.....	846
Storage of refuse	.....	33
Closets	.....	96
Drainage and sewers	.....	368
Rodents	.....	112
Vermin and insects	.....	120
Animals	.....	6
Smoke nuisances	.....	5
Fumes and smells	.....	15
Paving	.....	5
Noise	.....	2
Water supply	.....	6
Unwholesome dwellings	.....	9
Overcrowding	.....	2
Miscellaneous matters	.....	11

To secure the abatement of nuisances and the remedy of disrepair 4,231 informal and 909 statutory notices were served, and 1,888 informal notices and 963 statutory notices were complied with.

The number of informal notices served includes 1,487 notices requiring the repair of closet structures in connection with the pail closet conversion scheme.

Twenty-three complaints and informations were submitted to the court relating to 14 properties at which requirements of notices had not been met. The magistrates made Orders in four instances, inflicted fines in five instances and in 14 cases the summonses were withdrawn on payment of costs, the work having been completed between issue of summonses and date of hearing. (See Details of Proceedings, page 133.)

Four formal notices were served for repair under the provisions of Section 9 of the Housing Act and five formal notices were complied with during the year.

Thirty Demolition Orders under Section 11 of the Housing Act, 1936 were made and fourteen houses have been demolished.

The Borough Surveyor (J. Y. Hughes, Esq.) indicates that it was necessary to take action about dangerous conditions in 178 houses.

The decision of the Council to allocate thirty houses per annum to rehouse families from houses demolished as a result of action under Section 11 of the Housing Act 1936 has enabled this number of houses to be represented during 1952, and has brought a measure of relief to a few families, and perhaps a renewal of hope to many more.

The problem of the low rented house and the income required for its reasonable maintenance is still with us, but perhaps it may be right to say that attention is being given to this matter at high level. The sub-standard house, by which is meant those with a structural life of 30 years, but lacking baths, hot water, satisfactory fuel and food stores, approved fuel appliances, and quite often with insufficient space to carry out a weekly wash of clothes in a

place other than the living room, is an equally pressing problem. It is also of course affected by the rent problem. The Housing Act 1949 provides means, subject to conditions and a measure of control, whereby landlords may receive in grant, half the cost of improvements to property designed to meet the deficiencies referred to.

There appears to be evidence throughout the country that the Act is largely a dead letter—that very few owners of property make applications, many may not be aware of the Act. There are many houses in Warrington to which the application of the provisions would provide streets of houses with a very good standard of amenity. These houses in many instances lie handy to places of work—a consideration in these days of rising cost of transport. The Act of 1949 places the onus of application on the owner of the property, and one cannot help but wonder whether this has something to do with its lack of effectiveness. There may be very real reasons why owners fail to avail themselves of the provisions but in the meantime progress in this field of housing work stands still. And there is still much more of this type of living accommodation in industrial towns than modern houses containing such amenities. Perhaps an amendment of the Act is desirable to enable local authorities to take the initiative, and where owners are not prepared to submit applications in respect of suitable property, the Local Authority be empowered to acquire at a reasonable valuation, carry out the work and receive the benefit of the grant, together with the permitted increase in rent.

In July 1952 the Council authorised a house to house survey of the dwellings in the Borough for the purpose of obtaining a record of housing conditions generally, including the extent of disrepair, overcrowding and other relevant information and this is now proceeding.

SUMMARY OF HOUSING CONDITIONS.

INSPECTION OF DWELLING HOUSES DURING THE YEATR :—

1.	(1)(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1558
	(b)	Number of inspections made for the purpose	6396
	(2)(a)	Number of dwelling houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	34
	(b)	Number of inspections and reinspections made for the purpose	44
	(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	30
	(4)	Number of dwelling houses found not to be in all respects reasonably fit for human habitation	4
2.	Remedy of defects during the year without service of formal notices :—		
		Number of dwelling houses rendered fit in consequence of informal action by the local Authority or their officers	484

3. Action under Statutory Powers during the year :—

(A) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	4
(2) Number of dwelling houses which were rendered fit after service of formal notices—	
(a) by owners	5
(b) by Local Authority in default of owners	—
(B) Proceedings under Public Health Acts—	
(1) Number of dwellings in respect of which formal notices were served requiring defects to be remedied	616
(2) Number of dwelling houses in which defects were remedied after service of formal notices—	
(a) by owners	486
(b) by Local Authority in default of owners	Nil
(C) Proceedings under Section 11 and 13 of the Housing Act 1936—	
(1) Number of dwelling houses in respect of which Demolition Orders were made	30
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	14
(3) Number of undertakings not to relet given by owners.....	1
(D) Proceedings under Section 12 of the Housing Act 1936—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been made fit	1

The number of new houses erected during the year 1952 :—

Total including numbers given separately under (b)—

(i) by the Local Authority	191
(ii) by other Local Authorities	Nil
(iii) by other bodies and persons—	
(a) Private enterprise	16
(b) Ministry of Works (temporary bungalows)	Nil
(b) With State assistance under the Housing Acts—	
(i) by the Local Authority	191
(ii) by other bodies or persons	Nil

PART IV.

RODENT CONTROL AND DISINFESTATION

SURVEY.

One hundred and twelve complaints of rodent infestation were received at the Department during the year, and inspectors made 762 visits and revisits for survey and rat proofing. In addition 434 premises were surveyed during inspection of buildings where food was manufactured, stored or sold ; at pigstyes and cowsheds whilst concerned with movement of animals under the Diseases of Animals Acts ; and during investigations into complaints concerning the keeping of animals, insanitary courses, offensive trades and stables.

TREATMENT.

The rodent operative made 773 visits for pre-baiting and poisoning purposes classified in the following table :—

<i>Premises</i>					<i>Visits</i>
Local Authority Properties—					
Water courses					
Tips					
Schools and Institutions					
Lands					
Dwelling Houses	.....	.....	.....	.....	543
Business Premises	.....	.....	.....	.....	59
Agricultural Holdings	.....	.....	.....	.....	19

Seven small block control schemes were carried out during the year, but it is considered that no major rat infestations existed. Thirty-five serious mice infestations were successfully dealt with during 1952.

SEWER TREATMENT.

Following pre-baiting of the 1,468 manholes in the Borough 44 were found to require treatment during the first sewer treatment in March and 26 in September. The treatment comprised pre-baiting and poisoning over a period of five days and “takes“ of 15 and 26 respectively were recorded. The estimated kill on the Ministry’s formulae was 375 rats and 335 rats respectively. Zinc Phosphide and arsenic respectively were the poisons used.

NOTICES.

One statutory notice was served requiring structural works under the Prevention of Damage by Pests Act 1949.

One hundred and twenty-one informal notices requiring occupiers to carry out treatments were served and one hundred and eight notices were complied with.

Twenty-five informal notices requiring rat proofing of premises were served and twenty-eight notices were complied with during the year.

The following table for the year ended December, 1952 showing the extent and type of infestation and measures of control has been submitted to the Ministry of Agriculture and Fisheries.

REPORT FOR YEAR ENDED 31st DECEMBER, 1952

	TYPE OF PROPERTY				
	Local Author- ity (1)	Dwell- ing Houses (2)	Agri- cul- tural (3)	All other (including Business and Industrial) (4)	Total (5)
I. Total number of properties in Local Authority's District (Notes 1 & 2) ...	100	21,250	7	3,264	24,621
II. Number of properties inspected by the Local Authority during 1952 as a result (a) of notification or (b) other- wise (Notes 1, 2 & 3)	(a) 8 (b) 90	90 427	— 4	14 471	112 992
III. Number of properties (under 2) found to be infested by rats (Notes 1, 2 & 3)	Major — Minor 16	— 86	— 2	— 6	— 110
IV. Number of properties (under 2) found to be seriously infested by mice (Notes 1, 2 & 3)	6	25	2	2	35
V. Number of infested properties (und- er 3 & 4) treated by the Local Auth- ority (Notes 1, 2 & 3)	22	111	4	8	145
VI. Number of notices served under Section 4— (1) Treatment (2) Structural Works (i.e. Proofing)	— —	— —	— —	— 1	— 1
VII. Number of cases in which default action was taken by Local Authority following issue of notice under Sec- tion 4	—	—	—	—	—
VIII. Legal Proceedings	—	—	—	—	—
IX. Number of "block" control schemes carried out 7					

NOTES

Note 1 (a) With the exception of agricultural properties, a property means one which is entered separately in the Valuation Roll for the area.

(b) Only properties devoted to agricultural or horticultural production, in respect of which returns are made under the Agriculture Act, 1947, should be entered as agricultural properties.

Note 2 (a) Council houses should be entered in Column (2).

(b) Premises used by the Local Authority for the purposes of trade should be entered in Column (4).

(c) Sewers should not be included.

(d) Combined dwelling and business premises, where occupied by the same person, should be regarded as business premises and should be entered in Column (4). Where the dwelling and business parts of the premises are in separate occupation, separate entries should be made in Columns (2) and (4).

Note 3 For the purpose of completing Sections II, III, IV and V, each property should be entered *once only* in respect of inspections, infestations or treatments.

INSECT PESTS.

The following table shows the type of verminous premises treated and the form of infestation dealt with.

Type of Infestation	Type of Premises			Total Types
	Corpn. Houses	Private Dwellings	Business Premises	
Bugs	14	47	—	61
Fleas	—	5	1	6
Cockroaches	6	34	3	43
Ants..... ..	10	32	—	42
Earwigs	1	—	—	1
Wasps	—	—	1	1
Flies	1	5	1	7
Snails	—	1	—	1
Moths	1	1	—	2
Lice	1	1	—	2
Spiders	—	1	—	1
TOTALS	34	127	6	167

All infestations yielded to treatment with Gammexane or D.D.T. in powder or liquid form, and/or proprietary materials containing such ingredients.

PART V—ATMOSPHERIC POLLUTION

The tables and graphs which follow suggest that in two of the four areas served by deposit gauges, namely Cemetery and Dallam Farm (Table A2), there has been less solid matter deposited than in 1951, and taking the district as a whole a slight diminution in the seasonal average is discernible (261.56 tons per square mile as against 263.76 tons in 1951). It would probably be more accurate to say however that there has not been any appreciable worsening of the position.

The monthly average of sulphur oxide emissions recorded in Table B show an increase over the figures for 1951 and 1950 and although small, suggests there is a distinct tendency in this direction. The amount of sulphur oxide in the air is directly proportional to the amount of coal burned in house warming, general industry and electricity generation. The graph on page 112 plotting the figures of Table B, indicates the usual down curve from winter to summer months with a minimum figure of about 12m/grams/SO₃ per 1,000 sq. cms. per day for July. In 1951 the lowest figure was approximately 11m/grams per day recorded in August, and 10m/grams recorded in July 1950. Very generally therefore, and assuming that whilst the amount of coal used for domestic heating is reduced in the warmer months whilst that used in industry remains fairly constant, the tentative conclusion may be drawn that for Warrington, up to 11m/grams/SO₃ are contributed by industrial users including electricity generation, and above that figure by coal burned in domestic grates. The amounts above the line A-A drawn across the graph at the July figure might therefore be an indication of the extent to which the domestic grate burning coal contributes sulphur contamination to the air.

A reference is made in that part of the report dealing with Housing, to a survey of dwellings which is in progress. The opportunity is being taken here to ascertain the incidence in Warrington of the obsolete type of Yorkshire range which undoubtedly contributes largely to the problem. Other factors such as the removal of pyrites from coal by efficient cleaning, and the extent to which "nutty slack" is used to bank up fires affect the incidence of sulphur contamination of the air, but there can be little doubt that the increasing use of smokeless fuel burned in modern approved grates and stoves would make a great contribution to the reduction of the atmosphere by this pollutant.

In August 1952 a byelaw regulating the emission of black smoke from chimneys of buildings other than private houses, to not more than two minutes in any period of thirty minutes, came into operation within the Borough. Whilst the period in which the byelaw has been in operation is limited there is already an impression that greater care is being exercised at industrial premises.

Sanitary inspectors made 28 half hourly observations during the year on industrial chimneys emitting excessive smoke. Improvement in many of the cases resulted from advice given to the stoker on the boiler floor. In others, reconstruction and/or extensive repairs provide the answer to the problem.

The following instances are recorded of action taken and results achieved during the year :—

1. *Cleaners and Dyers.* Two vertical cross tube boilers, fired with coal due to uncertain supplies of coke, and steaming capacity insufficient for demand without overloading, resulting in nuisance in town centre. Replaced by installation of one fully automatic gas fired boiler with a $33\frac{1}{3}$ per cent. margin over estimated load.
2. *Cleaners and Dyers.* Hand fired Cornish boiler and a vertical cross tube boiler fired by underfeed stoker both attached to a low square brick stack with frequent excessive emissions. Replaced by a new Thompson 15-ft. 6-in. Economic boiler with new and higher stack complete with instruments. Arrangements in hand for mechanical stoker to be fitted.
3. *Tannery.* Mechanically stoked Lancashire boilers with excessive emissions of black smoke. Cause attributed to too fine a fuel containing excessive moisture. Ministry of Fuel approached about provision of a more suitable fuel. Observations show marked decrease in emissions.
4. *Tannery.* Natural draught Lancashire and Cornish boilers. Fuel Research Department fire doors fitted with consequent elimination of complaint.
5. *Tripe Dressers.* Vertical cross tube boiler fired exclusively on coal. Immediate change of fuel to coke required with consequent cessation of emissions.
6. *Coachbuilders.* Combustion stove with low stack causing nuisance to adjoining houses. Stack raised. No further complaint.
7. *Garage.* Combustion stove with low stack causing nuisance. Stack raised to suitable height and coke used as fuel. No further complaint.
8. *Grab Barge on Mersey.* Large vertical cross tube boiler on dredger. Required more careful hand firing and substitution of coke for coal.
9. *Wire and Nail Makers.* Excessive emissions from oil fired vertical boilers caused by dirty jets referred to management for increased attention to maintenance. No further emissions.
10. *Grain Warehouse.* Oil fired Cochran Vertical Boiler emitting excessive smoke improved by more frequent cleaning of jets and more careful regulation of temperature of oil feed.

TABLE A1
ATMOSPHERIC POLLUTION
STANDARD DEPOSIT GAUGES — 1952
MONTHLY DEPOSIT IN TONS PER SQUARE MILE

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
2. Bank Park	27.22	26.04	23.67	26.76	26.52	25.75	28.06	13.34	27.78	20.40	24.92	43.00	313.46
4. Cemetery	30.26	13.11	14.26	14.18	13.86	15.50	22.09	10.64	14.80	11.31	17.77	38.54	216.23
6. Orford Park	22.36	14.50	14.33	14.23	18.94	17.75	22.60	15.58	16.73	88.85	18.67	49.47	314.01
7. Dallam Farm	19.97	12.32	17.94	17.70	20.84	12.48	15.65	11.12	14.00	13.45	15.13	31.49	202.09
AVERAGE FOR BOROUGH	24.95	16.49	17.55	18.22	20.04	17.87	22.10	12.67	18.43	33.50	19.12	40.62	261.56
RAINFALL (IN INCHES)	3.37	.092	1.81	2.69	2.22	1.92	1.66	1.44	3.09	3.78	2.44	2.80	28.14

WIND DIRECTION AND VELOCITY

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
NORTH—Under 10 m.p.h.	1	—	—	—	—	—	2	—	2	1	2	—	8
Over 10 m.p.h.	—	2	—	—	—	—	—	1	1	1	—	1	6
NORTH Under 10 m.p.h.	2	—	4	—	1	—	—	1	5	1	4	4	22
EAST— Over 10 m.p.h.	—	1	—	—	—	—	—	3	1	—	—	1	6
EAST— Under 10 m.p.h.	—	—	1	1	—	—	1	2	1	—	2	—	8
Over 10 m.p.h.	—	—	—	1	—	—	—	—	—	—	1	—	3
SOUTH Under 10 m.p.h.	4	—	4	5	6	—	2	—	—	5	—	1	27
EAST— Over 10 m.p.h.	—	3	5	—	—	—	1	—	—	8	—	—	17
SOUTH— Under 10 m.p.h.	1	—	—	3	6	—	1	—	—	—	1	8	20
Over 10 m.p.h.	—	—	3	3	1	1	1	—	—	—	—	1	10
SOUTH Under 10 m.p.h.	1	1	1	5	6	6	1	1	—	1	—	4	27
WEST— Over 10 m.p.h.	5	—	4	3	—	3	3	6	2	2	1	—	29
WEST— Under 10 m.p.h.	2	2	—	—	2	2	3	1	2	—	—	1	15
Over 10 m.p.h.	2	2	5	1	—	1	4	2	2	1	1	2	23
NORTH Under 10 m.p.h.	3	7	3	1	2	11	3	8	4	2	8	2	54
WEST— Over 10 m.p.h.	8	7	—	6	5	6	8	5	10	8	6	3	72
DAYS OF CALM	2	4	1	1	1	—	1	1	—	1	4	3	19
DAYS OF FOG—Slight	2	4	3	—	—	—	—	—	—	2	4	5	20
Moderate	2	4	—	—	—	—	—	—	—	3	1	3	13
Heavy	2	—	—	—	—	—	—	—	—	—	3	3	8

TABLE A2

DEPOSIT GAUGES 1952 — RECORD OF DEPOSITS
DEPOSITS IN TONS PER SQUARE MILE, WITH CORRESPONDING FIGURES FOR 1951 SHOWN IN BRACKETS

	Bank Park 1	Cemetery 2	Orford Park 3	Dallam Farm 4	Seasonal Average for Borough 5
January	27.22 (28.48)	30.26 (14.45)	22.36 (9.45)	19.97 (13.72)	24.95 (18.24)
February	26.04 (20.22)	13.11 (21.21)	14.50 (16.68)	12.32 (20.87)	16.49 (19.04)
March	23.67 (24.16)	14.26 (16.15)	14.33 (20.55)	17.94 (15.94)	17.55 (20.21)
April	26.76 (26.53)	14.18 (16.96)	14.23 (31.92)	17.70 (22.10)	18.22 (22.57)
May	26.52 (23.18)	13.86 (13.76)	18.94 (21.83)	20.84 (17.57)	20.04 (19.34)
June....	25.75 (23.07)	15.50 (12.83)	17.75 (21.24)	12.48 (15.64)	17.87 (18.06)
July	28.06 (25.42)	22.09 (16.49)	22.60 (No result)	15.65 (14.12)	22.10 (14.11)
August	13.34 (25.00)	10.64 (90.86)	15.58 (26.97)	11.12 (12.60)	12.67 (40.04)
September	27.78 (21.78)	14.80 (14.83)	16.73 (No result)	14.00 (18.90)	18.43 (17.85)
October	20.40 (23.04)	11.31 (11.98)	88.85 (15.43)	13.45 (16.42)	33.50 (25.80)
November	24.92 (28.07)	17.77 (21.19)	18.67 (21.41)	15.13 (19.46)	19.12 (23.99)
December	43.00 (No Res't	38.45 (19.51)	49.47 (22.89)	31.49 (26.52)	40.62 (24.51)
TOTAL	313.46 (268.95)*	216.23 (270.22)	314.01 (208.37)*	202.09 (213.86)	261.56 (263.76)
MONTHLY AVERAGE	26.11 (24.45)	18.02 (22.52)	26.17 (20.84)	16.84 (17.82)	21.79 (21.98)

*The 1951 total for Bank Park and Orford Park are for 11 months and 10 months respectively.

N.B.—The figures of 88.85 tons for Orford Park for October 1952, and 90.86 for the Cemetery for August 1951, are abnormally high and are due to abnormal conditions in the close proximity of the Gauges. In the case of Orford Park the spreading of sand during a high wind was the cause, whilst that of the Cemetery was due to the burning of large quantities of refuse for prolonged periods.

TABLE A(3)
MONTHLY RAINFALL
COMPARISON BETWEEN 1951 and 1952

			1951	1952
January	.....	.....	2.77 ins.	3.37 ins.
February	.....	.....	1.85 ins.	0.92 ins.
March	.....	.....	4.35 ins.	1.81 ins.
April	.....	.....	2.17 ins.	2.69 ins.
May	.....	.....	3.15 ins.	2.22 ins.
June	.....	.....	0.69 ins.	1.92 ins.
July	.....	.....	2.82 ins.	1.66 ins.
August	.....	.....	3.86 ins.	1.44 ins.
September	.....	.....	2.67 ins.	3.09 ins.
October	.....	.....	0.98 ins.	3.78 ins.
November	.....	.....	7.70 ins.	2.44 ins.
December	.....	.....	5.13 ins.	2.80 ins.
TOTAL			<u>38.14 ins.</u>	<u>28.14 ins.</u>

TABLE B

INVESTIGATION OF ATMOSPHERIC POLLUTION

ESTIMATION OF SULPHUR BY LEAD PEROXIDE METHOD

MILLIGRAMS OF SO₃ PER DAY COLLECTED BY 1,000 SQ. CMS. OF BATCH DPBO₂

1952

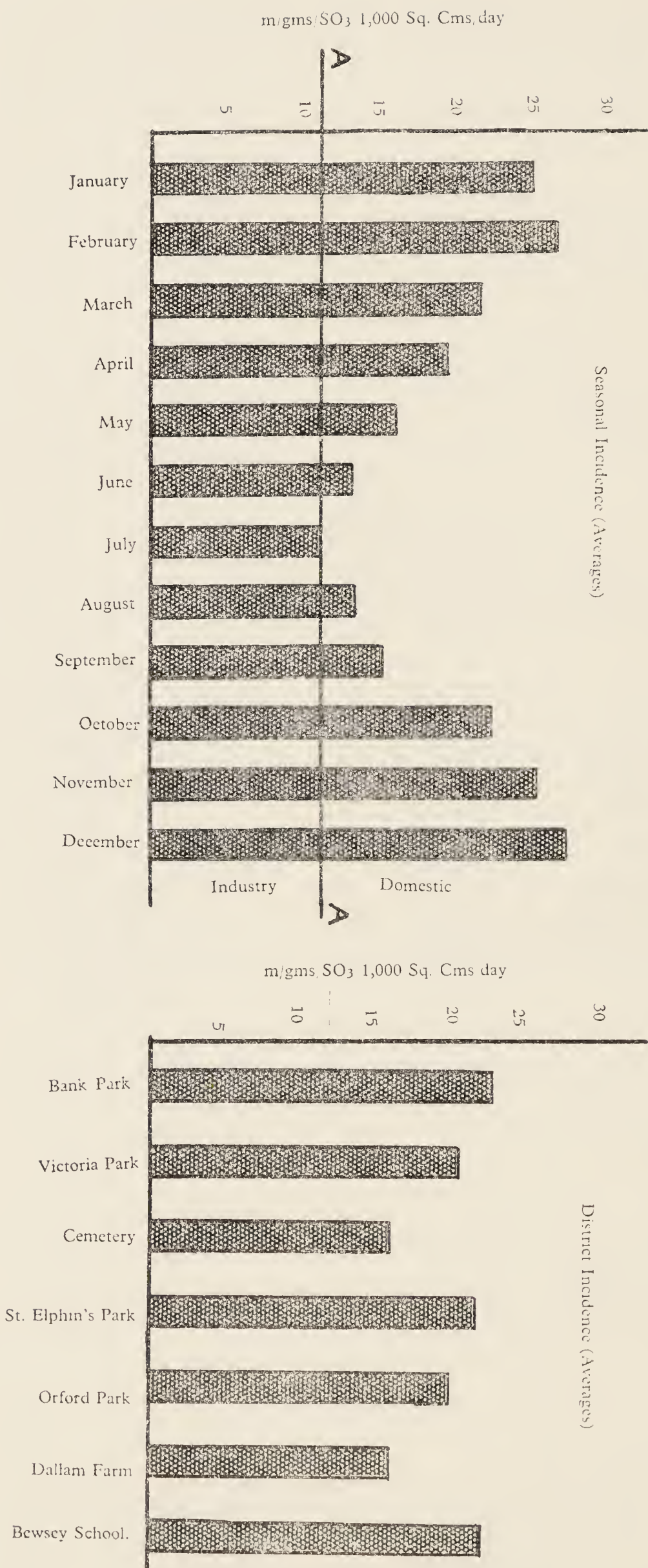
(Corresponding figures for 1951 shown in brackets)

Month	Station 2 Bank Park	Station 3 Victoria Park	Station 4 Warrington Cemetery	Station 5 St. Elphins Park	Station 6 Orford Park	Station 7 Dallam Farm	Station 8 Bewsey School	Monthly Average
January	27.9 (22.8)	29.2 (22.2)	19.9 (17.6)	27.6 (22.8)	27.8 (25.5)	19.6 (23.8)	23.8 (24.1)	25.1 (22.7)
February	29.0 (24.2)	32.3 (19.3)	25.1 (20.1)	32.2 (21.3)	24.9 (26.9)	17.0 (17.8)	27.2 (21.9)	26.8 (21.6)
March	24.4 (24.8)	20.5 (18.4)	16.3 (16.9)	21.8 (19.3)	21.0 (20.6)	20.0 (19.8)	27.9 (24.8)	21.7 (20.7)
April	21.0 (21.7)	20.7 (20.4)	13.5 (15.9)	20.3 (20.6)	20.8 (21.5)	15.4 (12.2)	25.9 (19.6)	19.7 (18.8)
May	17.0 (18.5)	14.9 (12.4)	11.2 (11.0)	17.7 (13.7)	15.2 (No result)	14.7 (12.0)	23.2 (20.6)	16.3 (14.7)
June.....	15.5 (13.7)	15.8 (16.3)	10.4 (9.7)	16.9 (20.9)	15.2 (14.1)	8.8 (9.3)	10.8 (15.5)	13.3 (16.6)
July	13.8 (13.0)	12.6 (12.5)	9.4 (9.3)	13.0 (14.6)	10.1 (No result)	7.8 (10.3)	11.5 (14.0)	11.2 (12.3)
August	19.2 (12.4)	11.6 (12.3)	11.0 (7.3)	12.8 (10.8)	14.1 (11.1)	10.4 (12.4)	15.3 (12.9)	13.5 (11.3)
September	22.1 (18.0)	16.1 (10.2)	13.9 (8.0)	15.7 (14.6)	13.1 (13.4)	10.6 (14.3)	15.1 (20.9)	15.2 (14.2)
October	28.0 (27.4)	20.5 (15.3)	18.6 (12.0)	25.2 (17.3)	21.5 (18.0)	18.1 (18.1)	27.3 (24.6)	22.7 (18.9)
November	28.2 (20.3)	24.5 (25.2)	22.7 (18.2)	28.3 (17.4)	23.7 (19.1)	22.5 (22.6)	28.4 (30.4)	25.5 (21.9)
December	27.3 (27.3)	29.4 (19.4)	20.1 (17.2)	29.5 (23.1)	33.0 (29.5)	26.3 (24.9)	29.2 (29.0)	27.8 (24.3)
TOTAL	273.4(244.1)	248.1(203.9)	192.1(163.2)	261.0(216.4)	240.4(197.7)*	191.2(197.1)	265.6(258.3)	238.8(218.0)
MONTHLY AVERAGE	22.8 (20.3)	20.7 (17.0)	16.0 (13.6)	21.7 (18.0)	20.0 (19.8)	15.9 (16.3)	22.1 (21.5)	19.9 (18.2)

*The 1951 Orford Park total is for 10 months only.

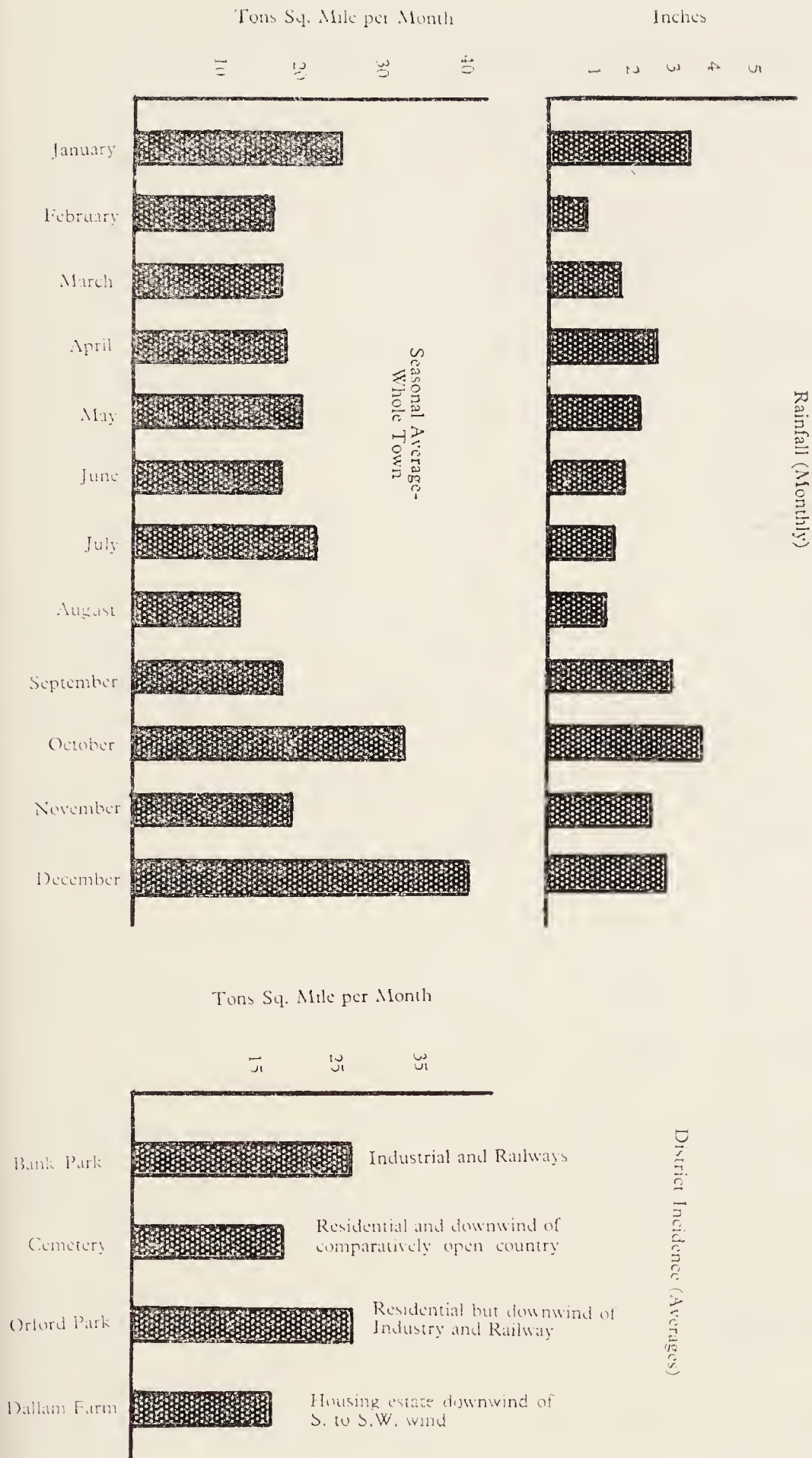
LEAD PEROXIDE GAUGES 1952

TABLE B



DEPOSIT GAUGES 1952 (Sulphur Dioxide)

TABLE A2



PART VI—Sanitary Inspections of District

NUMBER AND NATURE OF INSPECTIONS

Tables I and II indicate the number and nature of Inspections made during the year with conditions found and remedied.

TABLE I

Nature of Inspections	Primary inspections	Re-inspections	Total visits	Nuisances or defects found	Nuisances or defects remedied
STATUTORY NUISANCES—					
Premises	1554	4842	6396	6135	6000
Animals	7	9	16	7	8
Accumulation or deposit	48	14	62	48	33
Dust, effluvia	3	3	6	2	1
Well tank, cistern or butt	—	—	—	—	—
Pond, pool, ditch, gutter or water course ...	1	1	2	1	1
Tents, vans or sheds ...	2	7	9	2	2
Smoke observations ...	20	6	26	6	8
Visits and interviews ...	25	—	25	—	—
Noise nuisance	2	12	14	2	1
Ashbin Stores (Conversion)	2006	268	2274	820	113
DRAINAGE—					
Obstructed	708	961	1669	708	708
Defective or insufficient	150	499	649	190	245
Drainage Tests	34	—	34	—	—
CLOSETS AND SANITARY CONVENIENCES—					
Water Closets	74	123	197	73	77
Pail Closets	105	329	434	106	150
Pail Closet (Conversion scheme) ...	2972	383	3355	1487	171
VERMINOUS AND UNWHOLESOME PREMISES—					
Dwellings	152	215	367	161	161
Business Premises ...	6	6	12	6	6
LICENSED PREMISES ...	24	3	27	5	4
PLACES OF ENTERTAINMENT	36	—	36	32	32
SHOPS ACT—					
Closing	2	1	3	1	1
Conditions of employment	2	1	3	—	1
Sanitary accommodation, meals, lighting	27	29	56	36	22

Nature of Inspection	Primary inspections	Re-inspections	Total	Nuisances or defects found	Nuisances or defects remedied
GENERAL (including bye-laws and regulations)—					
Infectious Disease ...	84	8	92	—	—
Common lodging house	1	5	6	—	—
Houses-let-in-lodgings ...	—	15	15	—	—
Offensive trades ...	1	2	3	—	—
Stables	8	2	10	1	—
Piggeries	11	27	38	1	6
Pharmacy and Poisons ...	24	37	61	—	—
Workplaces	8	8	16	10	4
FOOD—					
Slaughtering	538	—	538	—	—
Private slaughtering ...	2	—	2	—	—
Markets	24	4	28	7	3
Preparing premises ...	48	120	168	97	72
Fried fish shops	7	26	33	16	12
General food shops ...	129	264	393	5	4
Bakehouses	9	10	19	8	6
Butchers' shops	48	77	125	28	10
MILK—					
Dairies	64	—	64	—	—
Pasteurising establishments	98	—	98	—	—
Milk Shops and Retail Premises	25	—	25	—	—
ICE CREAM—					
Premises	24	—	24	—	—
Shops	46	—	46	—	—
Street vendors	6	—	6	2	2
FACTORIES—					
Mechanical	46	83	129	40	23
Non-mechanical... ..	4	3	7	—	—
Outworkers	6	—	6	—	—
HOUSING—					
Repair (Sec. 9)	2	49	51	2	3
Demolition (Sec. 11) ...	30	55	85	—	—
Undertakings	1	—	1	—	—
Closure (Sec. 12)	—	—	—	—	—
Miscellaneous	172	—	172	—	—
CONTAGIOUS DISEASES OF ANIMALS—					
Saleyards	39	—	39	—	—
Movement of swine ...	24	—	24	—	—
Importation of animals	6	—	6	—	—
Railway sidings	—	—	—	—	—
Swine Fever	3	—	3	—	—
Foot and Mouth Disease	10	—	10	—	—
Fowl Pest	67	—	67	—	—
Miscellaneous	50	—	50	—	—
TOTALS ...	9625	8507	18132	10005	7867

TABLE II
DETAILS OF SANITARY IMPROVEMENT

Defect or Contravention	Defect or con- traven- tion reme- died	Defect or Contravention	Defect or con- traven- tion reme- died
DWELLINGS—		FACTORIES—	
Roofs	637	Cleanliness	1
Walls (Interior)	719	Overcrowding	—
Walls (External)	328	Temperature	1
Ceilings	181	Ventilation	—
Floors	298	Drainage of floors	1
Fire grates	125	Sanitary accommodation—	
Wash boilers	21	Insufficient	4
Doors and windows.....	386	Unsuitable or defective.....	15
Dampness	1954	Not separate for sexes	1
Lighting	6	Other matters	—
Ventilation	288		
Chimney stacks	231		
Gutters & downspouts	636		
Downspouts disconnected	7		
Yard or passage surfaces.....	57	SHOPS—	
Water supply	62	Insufficient sanitary	
Verminous & unwholesome	161	accommodation	11
Ash bin stores	63	Insufficient washing	
Ash bin stores		facilities	6
(Conversions)	113	Heating & lighting	1
		Facilities for meals	3
		Seating	1

DRAINAGE—		WORKPLACES—	
Defective	66	Cleanliness	—
Inspection Chambers	8	Overcrowding	—
Additional gullies	5	Lighting	1
Sinks	72	Ventilation	1
Sink waste-pipes	71	Sanitary accommodation—	
Soil or vent, pipes	6	Males	2
Other necessary appliances	5	Females	—
New drainage provided	6		
Old drainage abolished	5		
CLOSETS AND SANITARY CONVENIENCES—		PIGGERIES—	
Water closets	66	Surfaces	1
Pail closets	150	Abolished	1
Pail closet (conversions)	171	Storage of manure	2
Flushing cisterns	11	Drainage	1
		Cleanliness	1
FOOD AND FOOD PREPARING PREMISES—		PLACES OF ENTERTAINMENT—	
Surfaces	13	Cleanliness	7
Ventilation	10	Ventilation	1
Lighting	5	Sanitary accommodation—	
Drainage	8	Males	8
Cleanliness	14	Females	14
Fittings (movable)	12	Washing Facilities	1
Personal washing facilities	22	Floor coverings	1
Cleansing facilities	11		
Sanitary accommodation.....	12		

PART VII—INSPECTION & SUPERVISION OF FOOD

(a) MILK

REGISTERED DAIRYMEN AND DAIRIES

Distributors	.....	.....	.....	.....	224
Dairies—					
Pasteurising Premises	.....	.....			2
Dairy Premises	.....	.....	.....		15
					—
					17
					—

Licences issued under Milk (Special Designation) Regulations are indicated in the following table :—

Designation	Regulations	Type of Licence	No. Issued
Tuberculin Tested	Milk (Special Designation) (Raw Milk) Regs. 1949	Dealer's	14
Tuberculin Tested	Milk (Special Designation) (Raw Milk) Regs. 1949	Supplementary	6
Pasteurised	Milk (Special Designation) (Pasteurised and Sterilised Milk) Regs. 1949	Pasteuriser's	2
Pasteurised	Milk (Special Designation) (Pasteurised and Sterilised Milk) Regs. 1949	Dealer's	32
Pasteurised	Milk (Special Designation) (Pasteurised and Sterilised Milk) Regs. 1949	Supplementary	6
Pasteurised (T.T.)	Milk (Special Designation) (Pasteurised and Sterilised Milk) Regs. 1949	Dealer's	10
Pasteurised (T.T.)	Milk (Special Designation) (Pasteurised and Sterilised Milk) Regs. 1949	Supplementary	5
Sterilised	Milk (Special Designation) (Pasteurised and Sterilised Milk) Regs. 1949	Dealer's	186
Sterilised	Milk (Special Designation) (Pasteurised and Sterilised Milk) Regs. 1949	Supplementary	2

Dairy Premises removed from the register during the year	.....	.....	7
Distributors removed from the register during the year	.....	.....	17
Distributors newly registered during the year	.....	.....	24
Distributors registered for the sale of cream during the year	.....	.....	1

SAMPLING FOR CLEANLINESS AND EFFICIENCY OF HEAT TREATMENT.

Class of Milk	No. of Samples	Appropriate Tests	No. of Samples	
			Passed	Failed
Pasteurised	309	Phosphatase	307	2
		Methylene Blue (½ hour test)	301	8
Sterilised	9	Turbidity Test	9	—
Tuberculin Tested Pasteurised	1	Phosphatase	1	—
		Methylene Blue	1	—
Tuberculin Tested	4	Methylene Blue	4	—

RAW MILK TESTS FOR CLEANLINESS AND TUBERCULOSIS.

Twenty-two samples of undesignated milk were submitted for cleanliness and keeping quality tests. Sixteen satisfied the methylene blue test and six failed the test. Nineteen samples of raw milk were submitted for examination for the presence of tuberculosis and positive returns were received in two instances.

(b) *ICE CREAM*

Shortage of milk powder and fats caused a modification in the compositional standard for ice-cream set by the Food Standards (Ice-Cream) Order of 1951. Accordingly in July 1952, the Food Standards (Ice-Cream) (Amendment) Order 1952 reduced fat from 5 per cent. to 4 per cent., and milk solids other than fat from 7½ per cent. to 5 per cent.

Thirty-one samples of ice-cream were submitted for analysis and with the exception of two, all complied with the standard.

Forty-nine samples were submitted for bacteriological examination and grading with the following results—

Provisional Grade 1	.....	10
„ „ 2	.....	18
„ „ 3	.....	8
„ „ 4	.....	13

The results of bacteriological examination of the samples identified in terms of wrapped and unwrapped ice-cream are as follows:—

Type	Grade				Total
	1	2	3	4	
Wrapped	7	6	2	1	16
Unwrapped	3	12	6	12	33
TOTALS	10	18	8	13	49

Grades 1 and 2 are presumed satisfactory and grades 3 and 4 unsatisfactory.

PARTICULARS OF REGISTRATION.

Fourteen applications from shop keepers to store and sell ice-cream were granted during the year. In each case the ice-cream was of the wrapped variety. One application to process and sell cold mix ice-cream from a rotary dispensing freezer was approved.

Premises for the manufacture of ice-cream	5
Premises for the storage and sale of loose ice-cream	8
Premises for the storage and sale of pre-packed ice-cream.....	175

Inspectors made 70 visits to manufacturing premises and shops for sampling purposes, supervision and inspection.

(c) *FOOD PREPARING PREMISES*

GENERAL.

The Report of the Catering Trade Working Party on Hygiene in Catering Establishments, whilst not yet embodied in legislation, has been used as a standard when considering improvements to existing premises and plans for new premises. As a result two new cafes and one new snack bar catering for a full range of meals are considered to be of the “Target Code” standard envisaged by the Report, and two cafes have been improved up to this standard. One cafe in unsuitable basement premises, and the subject of specification under the Food and Drugs Act, has been closed down. Fifteen varying types of existing premises have been improved up to the “Standard Code” suggested by the Working Party.

Whilst no organised food handling courses are in being, this important aspect of food hygiene is not overlooked, and instruction in these matters is given on the actual premises by visiting inspectors. In this way, theory is related to practice. This work is now the responsibility of two senior inspectors, and it is anticipated that in the ensuing year it will be possible to apply greater emphasis to this.

INSPECTIONS.

Thirty-nine extensive specifications have been prepared and served during the year in connection with the preparation and sale of food at the following types of premises, and twenty-five similar specifications have been complied with.

	Served	Complied with
Cinema kitchens	1	—
Cafes and Restaurants	6	4
Snack Bars	4	2
Clubs and Dance Halls	2	—
General Food Shops	2	4
Business and Industrial Canteens	3	2
Confectioners	2	1
Kitchens at Licensed Premises	2	—
Mobile Fish and Chip Sellers	—	1
Mobile Ice-cream Vendors	1	—
Fried Fish Shops	2	1
Butchers' Premises	8	6
Wet Fish Sellers	1	—
Bakehouses	2	1
Brewery Premises	1	1
Markets	—	2
Tripe Shops	1	—
Wholesale Food Premises	1	—
TOTALS	39	25

Work on outstanding specifications is either in progress or in hand. Details of the improvements effected are referred to in "Detail of Sanitary Improvement," page 116. Proceedings were taken against a butcher for contraventions of the Food Byelaws and a conviction obtained. (See "Details of Legal Proceedings" page 133.).

Three hundred and ninety-three inspections were carried out at general food shops, one hundred and sixty-eight at preparing premises, thirty-three at fried fish shops, nineteen at bakehouses and one hundred and twenty-five at butchers' premises.

LIAISON WITH OTHER DEPARTMENTS AND AUTHORITIES.

The arrangements with the Food Executive Officer (Mr. S. Makepeace Lott) whereby applications for catering licences are referred for report and recommendation on the suitability of premises have proved extremely helpful and conditions at the following premises were dealt with.

Dance Halls	2
Clubs	1
Snack Bars	6
Licensed Premises.....	1
Industrial Canteens	1
Cafes and Restaurants	3

Approval was withheld in respect of two licensed premises, one dance hall and one snack bar.

All plans submitted to the Borough Surveyor involving premises for food preparation or sale are referred for examination and report.

UN SOUND FOODSTUFFS.

The following foodstuffs at shops and warehouses were condemned and voluntarily surrendered during the year :—

Commodities	Tons	Cwts.	Qrs.	Lbs.
Bacon	—	—	2	13
Butter	—	—	—	15
Cereals	—	—	2	12
Cheese.....	—	4	3	9
Fish	—	10	0	9
Fruit (Fresh and Dried)	—	—	—	—
Meat (Cooked and uncooked)	—	7	3	18
Poultry	—	—	2	12
Preserves, Confectionery, etc.	—	4	3	7
Vegetables	—	2	3	15
CANNED FOODSTUFFS—				
Cereals	—	—	3	3
Fruit	1	12	0	6
Fish	—	—	3	22
Meat	1	16	—	25
Milk	—	3	0	24
Preserves, etc.	—	5	0	17
Vegetables	—	13	0	14
Miscellaneous.....	—	4	1	8
TOTAL WEIGHT	6	8	1	5

(d) FOOD POISONING

No cases of food poisoning were reported during 1952.

(e) ADULTERATION OF FOOD

J. G. Sherratt, Esq., B.Sc., F.R.I.C., holds the appointment of Public Analyst and samples taken under the Food and Drugs Act 1938 and the Fertilizer and Feeding Stuffs Acts are submitted to him for analysis.

The number of samples submitted for analysis during the year was 238 (See Table I).

The average percentage composition of milk samples submitted for analysis and reported genuine is indicated in the following table.

Period	No. of Samples	Milk Fat	Solids-not-fat
1st Quarter (January 1st to March 31st)	38	3.67	8.63
2nd Quarter (April 1st to June 30th)	31	3.50	8.72
3rd Quarter (July 1st to September 30th)	47	3.66	8.75
4th Quarter (October 1st to December 31st).....	35	3.76	8.74
	151	3.65	8.71

The minimum presumptive standard prescribed by the Sale of Milk Order 1939 for genuine milk is 3.0 per cent. milk fat and 8.5 per cent. milk solids-not-fat.

Of 158 samples of milk submitted, six samples or 3.08 per cent. failed to reach the standard of the Sale of Milk Order 1939. Of these deficient samples, four with small deficiencies in solids-not-fat were reported as genuine but abnormal milks, and two deficient in fat were from bottled supplies where sufficient care had not been taken to properly mix the bulk milk before bottling.

Some comment seems desirable on the general question of misleading labels describing flour mixtures. The sweetened Scotch Shortbread mixture sold in a packet emblazoned with tartan colours but containing merely cane sugar, semolina, M. flour and ground rice, is a typical example of the gentle art of misleading an uninformed public. The Code of Practice agreed with the Food Manufacturers' Federation by the Food Standards and Labelling Division of the Ministry of Food was withdrawn in 1950. and it is high time that anything described as a mixture should now contain the principal ingredients to make the product, with the addition of milk or water. The major ingredient required in a shortbread mixture is fat, which in this instance (Sample 1689) was conspicuously absent.

Two samples of ice-cream were found to be deficient and the manufacturers were warned. Both samples were cold mixes and the deficiencies were attributed to miscalculations in the amount of water to be added.

TABLE I

Article	Number of Samples			Number Genuine			Number not Genuine		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Milk	157	1	158	151	1	152	6	—	6
Ice Cream ...	31	—	31	29	—	29	2	—	2
Whiskey ...	7	—	7	7	—	7	—	—	—
Rum	11	—	11	11	—	11	—	—	—
Gin	5	—	5	5	—	5	—	—	—
Mild Beer ...	1	—	1	1	—	1	—	—	—
Lime Juice Cordial ...	—	1	1	—	1	1	—	—	—
Sausage ...	—	1	1	—	1	1	—	—	—
Pork Sausage ...	1	—	1	1	—	1	—	—	—
Beef Sausage ...	2	—	2	2	—	2	—	—	—
Salmon and Shrimp Paste ...	—	2	2	—	2	2	—	—	—
Lobster Paste ...	—	1	1	—	1	1	—	—	—
Salmon and Lobster Paste...	—	1	1	—	1	1	—	—	—
Ham and Beef Paste	—	1	1	—	1	1	—	—	—
Salmon and Other Fish Paste	—	2	2	—	2	2	—	—	—
Veal and Ham Paste	—	2	2	—	2	2	—	—	—
Beef and Other Meat Paste ...	—	1	1	—	1	1	—	—	—
Tongue Paste ...	—	1	1	—	1	1	—	—	—
Crab and Other Fish Paste ...	—	1	1	—	1	1	—	—	—
Stoneless Damson Jam ...	—	1	1	—	1	1	—	—	—
Raspberry Jelly	—	1	1	—	1	1	—	—	—
Soreen Meringue Powder ...	—	1	1	—	1	1	—	—	—
Scotch Short- bread Mixture	—	1	1	—	—	—	—	1	1
Cough Linctus...	—	1	1	—	1	1	—	—	—
Aspirins ...	—	1	1	—	1	1	—	—	—
Beechams Powders ...	—	1	1	—	1	1	—	—	—
Ground Rice ...	—	1	1	—	1	1	—	—	—
TOTALS ...	215	23	238	207	22	229	8	1	9

TABLE II

**ADMINISTRATIVE ACTION TAKEN IN RESPECT OF SAMPLES
REPORTED BY THE PUBLIC ANALYST TO BE NOT
GENUINE**

No. of Sample		Article	Extent of Adulteration	Action Taken
Informal	Formal			
	1506	Milk	Deficient in fat to extent of 11.6% and in solids not-fat to extent of 1.1%	Sample taken was from the bottled supply of a producer retailer. An "Appeal to Cow" sample from herd showed milk of a satisfactory standard. Producer warned to ensure care in properly mixing supply before bottling.
	1512	Milk	Deficient in solids-not-fat to extent of 2.7%.	No action on Analyst's report of genuine but abnormal milk.
	1520	Milk	Deficient in solids-not-fat to extent of 5.9%.	No action on Analyst's report of genuine but abnormal milk.
	1531	Milk	Deficient in solids-not-fat to extent of 1.1%.	No action on Analyst's report of genuine but abnormal milk.
	1550	Ice Cream	Deficient in non-fatty milk solids to extent of 50%.	On explanation of manufacturers, warning letter sent to Town Clerk.
	1563	Ice Cream	Deficient in fat to extent of 64% and non-fatty milk solids to extent of 53%.	Proprietary brand of cold mix powder used by manufacturers of ice cream. Investigations disclosed error in calculation on part of vendor resulting in double quantity of water being added. Warning letter sent to vendor.
	1573	Milk	Deficient in fat to extent of 16%.	Bottle of milk from pedigree herd (T.T. Milk) Taken up with producer retailer and further samples proved genuine after alteration of bulking and mixing of supplies.
	1595	Milk	Deficient in solids not fat to extent of 2.3%.	No action on Analyst's report of genuine but abnormal milk.
1689		Shortbread Mixture	Contained no added fat.	Description of product as shortbread mixture, in absence of essential ingredient, fat, taken up with manufacturers. Discussions proceedings.

PART VIII—INSPECTION OF MEAT

GENERAL.

The Orford Green Slaughterhouse continued to cater for the population of the County Borough and the Warrington Rural District. On the 31st of December 1952 the premises were, however, closed for slaughtering and the long awaited provision of adequate cooling facilities mentioned in previous reports commenced. At the time of writing work is in progress, and completion will probably occur about July 1953.

During December 1952 Memo 3/Meat was issued by the Minister of Food, and replaced Memo 62/Foods which for many years formed the basis of meat inspection practice. Memo 3/Meat comes into operation on February 1st, 1953, and is based on the recommendations of the Interdepartmental Committee on Meat Inspection referred to in the Annual Report for 1951. Advantage is being taken during the reconstruction to arrange adequate facilities for inspection, including the carrying out of routine laboratory tests, and the segregation of animals showing symptoms of disease on ante-mortem inspection.

SLAUGHTERING.

The number of animals killed and examined shows an increase of 1502 over the 1951 figures. This is mainly due to an increase in the number of sheep and pigs killed. The number of cattle and cows slaughtered decreased. This is reflected in the decrease in the number of carcasses requiring a detailed examination and in the number of carcasses in which Tuberculosis was found (See Diseased Conditions).

NUMBER OF ANIMALS SLAUGHTERED

	1952	1951	1950	1949	1948
Cattle (excluding Cows)	2421	2858	2921	2193	2180
Cows	2409	3164	2878	2390	1925
Calves	1471	1977	1982	1709	1927
Sheep and Lambs	17266	14405	17888	15610	15012
Pigs	1655	1312	551	514	206
TOTALS	25222	23716	26220	22416	21050

DISEASED CONDITIONS.

The following tables show the incidence of disease generally and of Tuberculosis particularly, which showed a decrease over the figures for the past two years.

	1952	1951
Carcasses requiring detailed examination	3692	5038
Carcasses affected with Tuberculosis	1351	2113

The presence of Tuberculosis is further analysed to show the type of animals affected, and the comparison with the past two years.

	1952	1951	1950
	%	%	%
Cattle (excluding Cows)	11.48	14.38	13.25
Cows	42.05	50.53	44.33
Calves	—	0.05	0.15
Pigs	3.63	7.77	7.36

SUMMARY OF CONDEMNATIONS
TABLE A

	Cattle (exclud- ing Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number slaughtered ...	2421	2409	1471	17266	1655
Number Inspected ...	2421	2409	1471	17266	1655
ALL DISEASES EXCEPT TUBERCULOSIS—					
Whole carcasses condemned	—	10	15	7	6
Carcase of which some part or organ was con- demned	405	1078	6	558	256
Percentage of number in- spected affected with disease other than tub- erculosis	16.73%	45.16%	1.43%	3.27%	15.83%
TUBERCULOSIS ONLY—					
Whole carcasses condemned	5	25	—	—	3
Carcases of which some part or organ was con- demned	273	988	—	—	57
Percentage of number in- spected affected with tuberculosis	11.48%	42.05%	—	—	3.63%

TABLE B

TABLE SHOWING EXTENT OF TUBERCULOSIS, OTHER DISEASES AND WEIGHTS OF DISEASED MEAT

YEAR ENDING 31st DECEMBER, 1952

Kind of Animal	Number Examined	Of which were T.B.	Heads	THORAX				ABDOMEN						Entire carcase condemned owing to Tuberculosis	Weight of meat destroyed on account of Tuberculosis	Weight of Meat and offal destroyed on account of other diseases	Total weight of Meat & Offal destroyed for all diseases
				Plucks	Lungs	Hearts & Pericardium	Skirts	Livers	Spleens	Stomachs	Kidneys	Mesentery	Uteri	Udders			
Beasts :																	
Cattle ex Cows	2421	278	78	—	188	12	16	39	23	17	4	71	5	—	5	7110	16996
Cows	2409	1013	234	—	904	52	72	158	90	85	17	452	40	41	25	34728	84584
Total Beasts	4830	1291	312	—	1192	64	88	197	113	102	21	523	45	41	30	41838	101580
Sheep	17266	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1484	1484
Pigs	1655	60	44½	21	9	1	—	—	4	4	—	8	—	—	3	1746	3525
Calves	1471	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3156	3156
TOTALS	25222	1351	356½	21	1201	65	88	197	117	106	21	531	45	41	33	48224	109745

TABLE C

**TABLE SHOWING QUANTITY AND WEIGHT OF MEAT CON-
DEMNED AND DISPOSED OF UNDER MINISTRY OF FOOD
GUARANTEE DURING THE YEAR 1952**

Diseases		Bulls lbs.	Bull- locks lbs.	Heifers lbs.	Cows lbs.	Calves lbs.	Sheep lbs.	Pigs lbs.	Totals lbs.
Tuberculosis ...	...	340	2247	7299	49856	—	—	1779	61521
Abscesses ...	...	5	312	523	1826	6	23	87	2782
Actinomycosis ...	...	—	62	114	150	—	—	—	326
Adhesions ...	...	—	26	71	180	—	—	103	380
Angiomatosis ...	...	14	168	136	4947	—	—	—	5265
Arthritis ...	...	—	—	4	—	—	3	8	15
Cirrhosis ...	...	—	14	38	316	—	—	8	376
Congestion ...	...	—	63	34	59	—	—	122	278
Contamination ...	...	—	—	27	—	—	220	5	252
Cysticercus Bovis ...	...	—	30	166	132	—	—	—	328
Degeneration ...	...	—	60	14	335	—	2	—	411
Distomatosis ...	...	14	1663	2337	8548	—	694	—	13256
Dropsy ...	...	—	19	120	1120	264	87	32	1642
Echinococcus ...	...	—	67	171	756	—	155	5	1154
Emaciation ...	...	—	—	—	—	—	83	—	83
Emphysema ...	...	—	—	—	38	—	—	—	38
Enteritis ...	...	—	—	—	30	—	45	12	87
Fevered ...	...	—	—	—	2347	—	—	—	2347
Ill Bled & Moribund ...	...	—	—	—	996	—	49	94	1139
Indurated ...	...	—	—	—	5899	—	—	138	6037
Immaturity (Foetal Carcases) ...	...	—	—	—	—	2830	—	—	2830
Inflammation ...	...	30	153	216	1157	—	—	160	1716
Jaundice ...	...	—	—	—	—	—	—	230	230
Johnes Disease ...	...	—	30	180	840	—	—	—	1050
Mastitis (Acute, Septic, Simple) ...	...	—	—	—	592	—	—	—	592
Melanosis ...	...	30	—	7	37	46	—	—	120
Metritis (Septic)...	...	—	—	—	781	—	—	290	1071
Necrosis ...	...	—	—	—	21	—	—	8	29
Nephritis ...	...	4	—	—	63	—	—	6	73
Parasitic ...	...	7	—	7	12	—	23	22	71
Pericarditis ...	...	—	4	—	569	—	—	—	573
Peritonitis ...	...	—	—	30	722	—	—	—	752
Pleurisy ...	...	—	—	—	13	—	—	17	30
Pneumonia and Pneumonycosis ...	...	—	—	—	—	—	3	150	153
Septicaemia ...	...	—	—	—	545	—	—	—	545
Swine Fever ...	...	—	—	—	—	—	—	89	89
Traumatism ...	...	—	72	68	1683	4	89	166	2082
Tumours ...	...	—	—	—	14	6	—	2	22
TOTALS	...	444	4990	11562	84584	3156	1476	3533	109745

CYSTICERCUS BOVIS.

The incidence of this parasitical condition continues to diminish, nine instances only being detected amongst 4,830 adult bovines slaughtered. The condition in each case was localised in the cheek muscles, and after condemnation of the head the carcasses were removed for treatment in cold storage.

PRIVATE SLAUGHTER

Two pigs were examined at private premises following slaughter under licence of the Ministry of Food.

SLAUGHTERMEN'S LICENCES.

Seventeen slaughtermen were licensed during the year under the provisions of the Slaughter of Animals Act 1933. No offences were detected.

PART IX—DISEASES OF ANIMALS ACTS

INSPECTION AND LICENSING.

Thirty-nine visits were made by Sanitary Inspectors (who are appointed Local Authority inspectors for the purpose of the Acts) to 21 markets and collecting centres, for purposes connected with the issue of licences and the various orders and regulations, etc. One hundred and sixty visits were made in regard to transfers of animals under licence.

During May and June, Warrington was included in areas controlled by the Foot and Mouth Disease (Controlled) and (Infected) Areas Restriction Orders, 1938, and eight licences to hold Collecting Centres were issued.

The Local Authority granted licences during the year under the Regulation of Movement of Swine Order, 1950 authorising the holding of 12 markets at which swine were included, and one licence to hold a market for the sale of poultry under the Live Poultry (Regulation of Sales, Exhibitions and Movements) Order, 1950.

SWINE FEVER ORDER, 1938.

The presence of swine fever in a pig sent for emergency slaughter to the Orford slaughterhouse from an outside area was reported to the Ministry of Agriculture and Fisheries who made investigations at the premises from which the pig was sent.

TUBERCULOSIS ORDER, 1938 and

TUBERCULOSIS (AMENDMENT) ORDER, 1946.

Two cows were sent into Orford Slaughterhouse by veterinary inspectors following examination of animals at farms and markets. One was found to be affected with generalised tuberculosis and the carcase and organs were condemned. One was affected with localised tuberculosis rendering necessary the condemnation of organs.

PART X—ADMINISTRATION OF SHOPS ACTS

GENERAL.

The following Acts and Orders are operative within the Borough area :—

Shops Act, 1950

Warrington Barbers' and Hairdressers' (Evening) Closing Order 1927.

Warrington Barbers' and Hairdressers' (Weekly half-holiday) Closing Order, 1926.

Warrington Closing Order (Butchers) 1921.

Warrington Sunday Trading Partial Exemption Order, 1938.

Warrington (Padgate Lane) Shops Late Day Order, 1938.

The early closing day in the Borough is Thursday. The late day for the Padgate area is Friday, and that for the remainder of the Borough is Saturday.

INSPECTIONS.

Notice was served in respect of 18 instances of insufficient sanitary accommodation, 14 instances of insufficient washing facilities, one instance of inadequate heating and lighting, two instances of inadequate provision for the taking of meals and one instance of lack of seating arrangements. Conditions remedied during the year are as shown in Table II (Details of Sanitary Improvement). (page 116).

Two contraventions of hours of closing were dealt with and two investigations into conditions of employment made.

PART XI— DETAILS OF LEGAL PROCEEDINGS

TABLE III.

Acts, Bye-laws or Regulations under which pro- ceedings insti- tuted	Default or Offence	Result	Fines	Costs
Byelaws Handling, wrap- ping and delivery of Food	Failure to cause food to be so placed as to prevent risk of con- tamination from dust, dirt and filth	Conviction	£5	
Food & Drugs Act, 1938 Sec. 38	Sec. 38(1) Having horseflesh in possession for sale for human consumption without having notice displayed indicating horseflesh sold Sec. 38(2) Supplying horseflesh for human consumption when not asked to be so supplied	Conviction Conviction	£5 £5	
Public Health Act, 1936 Sec. 39 78 Manchester Road	Failure to abate nuisance arising from general defects of property	Sec. 39 Withdrawn on payment of costs		2/6
Public Health Act, 1936 Sec. 93 Sec. 39 80 Manchester Road	Failure to abate nuisance arising from general defects of property	Sec. 93 Order for abate- ment in 14 days Sec. 39 Withdrawn on paymen of costs, the work having been completed		11/- 2/6
Public Health Act, 1936 Sec. 93 3 Percy Street	Failure to abate nuisance arising from general defects of property	Sec. 93 Withdrawn on payment of costs		2/6
Public Health Act, 1936 Sec. 93 56 Baxter Street	Failure to abate nuisance arising from general defects of property	Sec. 93 Withdrawn on payment of costs		2/6
Public Health Act, 1936 Sec. 93 54 Baxter Street	Failure to abate nuisance arising from general defects of property	Sec. 93 Withdrawn on payment of costs		2/6
Public Health Act, 1936 Sec. 93 40 Bostock Street	Failure to abate nuisance arising from general defects of property	Sec. 93 Withdrawn on payment of costs		2/6
Public Health Act, 1936 Sec. 93 28 Elizabeth St.	Failure to abate nuisance arising from general defects of property	Sec. 93 Withdrawn on payment of costs		2/6

PART XI—DETAILS OF LEGAL PROCEEDINGS—Continued

Acts, By-laws or Regulations under which pro- ceedings insti- tuted	Default or Offence	Result	Fines	Costs
Public Health Act, 1936 <i>Sec. 93</i> <i>Sec. 39</i> <i>Sec. 56</i> 18 Derwent Road	Failure to abate nuisance arising from general defects of property	<i>Sec. 93</i> Order for abate- ment within 28 days <i>Sec. 39</i> Conviction <i>Sec. 56</i> Conviction	£1 £1	11/-
Public Health Act, 1936 <i>Sec. 39</i> 20 Derwent Road	Failure to abate nuisance arising from general defects of property	<i>Sec. 39</i> Conviction	£1	
Public Health Act, 1936 <i>Sec. 93</i> <i>Sec. 39</i> 83a Lythgoes Lane	Failure to abate nuisance arising from general defects of property	<i>Sec. 93</i> Withdrawn on payment of costs <i>Sec. 39</i> Withdrawn on payment of costs		3/6 2/6
Public Health Act, 1936 <i>Sec. 93</i> <i>Sec. 39</i> 88 Lord Nelson Street	Failure to abate nuisance arising from general defects of property	<i>Sec. 93</i> Withdrawn on payment of costs <i>Sec. 39</i> Withdrawn on payment of costs		3/6 2/6
Public Health Act, 1936 <i>Sec. 93</i> <i>Sec. 39</i> 11 Edgeworth St.	Failure to abate nuisance arising from general defects of property	<i>Sec. 93</i> Withdrawn <i>Sec. 39</i> Withdrawn		
Public Health Act, 1936 <i>Sec. 93</i> <i>Sec. 39</i> 10 Brackley St.	Failure to abate nuisance arising from general defects of property	<i>Sec. 93</i> Order for abate- ment in 56 days <i>Sec. 39</i> Withdrawn		11/-
Public Health Act, 1936 <i>Sec. 93</i> <i>Sec. 39</i> <i>Sec. 45</i> 13 Navigation Street	Failure to abate nuisance arising from general defects of property	<i>Sec. 93</i> Order for abate- ment in 56 days <i>Sec. 39</i> Conviction <i>Sec. 45</i> Conviction	5/- 5/-	11/-

